

VARIANCE REPORT

PATIENT LABEL

Completed form IS NOT to be photocopied/duplicated under any circumstances

Incident occurred to whom:	<u>Patient</u>	Employee	Visitor	Other
GENERAL:	Incident Date: <u>9/25/25</u>	Incident Time: <u>1400</u>	Shift: <u>Day</u>	Room: <u>3401</u>
BRIEF DESCRIPTION: <u>Medication error was made by student nurse when patient was in active labor. Provider ordered Penicillin 200ml/hr for GBS positive patient. Student nurse hung medication but did not program the pump for the correct antibiotic hung and had the rate running at 150ml/hr and not the ordered rate of 200ml/hr.</u>				

Circle One Source: Employee Patient Physician Student Volunteer	Circle One LOCATION: Nursing Areas: 1 South Psych 3 North 3 Tower 4 Critical 4 North 4 Progressive 5T Rehab Emergency Room Dialysis Digestive Health Labor & Delivery Nursery PACU Pediatric PST Surgery Dept. Ancillary: Cancer Centre Cardiopulmonary Cardiac Rehab Cath Lab Home Health Infusion Center Laboratory Lab Outpatient Medical Records Pain Mgmt Pharmacy Physical Therapy Radiology Respiratory Sleep Lab Women's Ctr	Support Service: Administration Bldg./Ground Ctr Coord Care Communication Corp Health Dietary Firelands Hlth Bldg FPG Sites Gift Shop Housekeeping Lobby Maintenance Materials Mgmt Registration/ Central Sched Security Sterile Process Urgent Care South Campus: Lobby Behavioral Hlth Building-Ground Children SPOT Dietary Area Finance Housekeeping Maintenance Patient Accts. Security Counseling & Recovery: Bellevue Fremont Norwalk Port Clinton Sandusky Tiffin Wyandot	Circle One INCIDENT TYPE: MEDICATION: Med. wrong time/day Med. mislabeled Med. undesired effect Med. wrong med Med. additional dose Med. omitted Med. expired med Med. pt. self-medication Med. refused Med. given stated allergy Med. theft/missing Med. wrong dose Med. wrong patient Med. wrong route DC'd or on hold med administered Home meds not ordered Narcotic Count Incorrect Pharmacy fill error/med given Pharmacy fill error/med not given FALLS: Fall, bathroom Fall, shower/tub Fall, toilet/bedside commode Fall, off cart/exam table Fall, out of bed Fall, wheelchair/chair Fall, crutches/walker Fall, room Fall, hall/corridor Fall, Hospital grounds Weak/faint/assisted but no fall Slip/trip - no fall	IV SOLUTIONS/IV MEDS: IV, hep-lock fail to remove at discharge IV, infiltration IV, mislabeled IV, unordered IV, wrong dose IV, wrong rate IV, frequency or time incorrect DC'd or On Hold IV administered Omitted Outdated IV/IV Med Stated allergy Undesired effect Wrong patient Wrong solution Wrong IV/IV Med from Pharmacy TREATMENT: TX catheter removed/severed TX central/PICC line removed TX chest tube out/disconnected TX consent not signed TX delayed TX refused TX incorrect amount TX incorrect or unordered TX incorrect test results reported TX intubation TX G tube removed TX NG tube removed TX omitted TX pacer removed TX patient extubation TX perf./technique TX radiation exposure TX telemetry omit/wrong pt. TX Undesired effect TX Wrong patient TX Wrong time	MISC: Aggressive Behavior Aggressive Patient Article left in Patient Injury/Threat Patient left AMA Patient elopement Blood transfusion incident/concern Caught in/on/between Contamination/exposure Diet-NPO not maintained Electrical Equipment misuse Equipment malfunction Exercise incident Failure to notify/incorrect information given Patient smoking ID band/blue card incorrect Infant security Misc. struck against Misc. struck by MVA Pt/family complaint Personal articles lost/damaged On bed rest, but OOB Self-injury/threat Sexual misconduct Specimen lost Specimen mislabeled Suicide Attempt HIPAA/ROI Concerns Virus Exposure Wrong Body Part Wrong Site INJURIES: Injury, aggravation pre-existing condition Injury, assault Injury, chemical Injury, heat (thermal) Injury, ingestion/inhal. Injury, OR SECURITY: Med Assist Standby Standby, Intoxicated Standby, MH Issue
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Severe incidents should be reported to a Supervisor/Director and Quality Department immediately. If equipment is involved, tag and save.

Forward Completed Form to the Quality Department

DO NOT SCAN

PATIENT LABEL

ATTRIBUTION: Physician: Dr. Dunbar Date/Time Notified: 9/25/25
 Departments Involved: Labor and delivery Employees Involved: Zach G. 3 Arabella
 Witnesses: Rachel Haynes
 Treatment/Orders: IV - Penicillin at a rate of 200 mL/hr.

OUTCOME/REFERRAL:

INCIDENT PARAMETERS:

(Circle all that apply)

Facility/Equip./Supplies:

- Not involved
- Bathroom
- Bed
- Cart-stretcher
- Chair/Wheelchair/Bedside
- Commode
- Electrical device
- Exam table
- Floor
- Hallway
- Lab equip./supplies
- Lighting
- Other
- Oxygen/other gases
- Parking lot/sidewalk
- Pharmacy supplies
- Restraints
- Roller clamp closed
- Siderails not used
- Tub/shower
- X-Ray equipment

Weather Conditions:

- Not involved
- Snow
- Rain
- Wind
- Ice

Patient/Employee Factors:

- Not involved
- Bowel/bladder problem
- Call light not used
- Computer entry error
- Confused/disoriented
- Employee did not follow policy
- Failure to keep or schedule appointment
- Horseplay/rowdiness
- Improper body mechanics used
- Improper footwear
- Med/surg condition
- Medication w/in the past 4 hours
- Mental status
- Need to urinate/defecate
- Pt. gave incorrect/inaccurate info
- Refused to follow orders
- Safety didn't work
- Safety not applicable
- Safety not available
- Safety not used
- Seeking attention
- Sensory impairment
- Transcription process error
- Unable to follow orders
- Unexpected movement
- Visitor assisting patient

NATURE OF INJURY:

(Circle all that apply)

- None
- Not applicable
- Unable to determine
- Abrasion/contusion
- Aggravation of pre-existing condition
- Allergic reaction
- Amputation
- Anaphylactic reaction
- Back injury
- Burn, deep
- Burn, superficial
- Cellulitis
- Concussion
- Death
- Decubitus ulcer
- Delay in treatment
- Deterioration of mental status
- Drug overdose
- Drug reaction/toxicity
- Echinosis
- Electric shock
- Fracture
- Hematologic
- Hematoma
- Hemorrhage
- Hypoxia
- Infection/contagious disease
- Injection site injury
- Internal injury
- Laceration, deep
- Laceration, superficial
- Local fluid infiltration
- Myocardial infarction
- Neurological impairment
- Pain Management
- Phlebitis, deep
- Phlebitis, superficial
- Pulmonary edema
- Pulmonary embolism
- Puncture wound
- Respiratory impairment
- Skin irritation
- Sprain/strain
- Temperature fluctuation
- Tissue necrosis
- Vascular impairment
- Visual loss impairment
- Wound disruption
- Other

Significance: (Circle one)

No injury

Minor (temporary and/or superficial conditions requiring no further attention)

Moderate (incidents requiring follow-up treatment and/or intervention; incidents requiring medical follow-up)

Major (life threatening incidents; incidents requiring extended treatment or intervention and/or surgical intervention; incidents resulting in increased length-of-stay)

Unknown

Death

Signature of Person Completing Form: Aligan Joste Date: 10/2/25

Director's Corrective Action: _____

Signature of Director: _____ Date: _____

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