

VARIANCE REPORT

PATIENT LABEL

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

Incident occurred to whom: Patient Employee Visitor Other	
GENERAL:	Incident Date: <u>10-23-25</u> Incident Time: <u>0930AM</u> Shift: <u>Pediatric Respiratory Simulation</u> Room: <u>MCN sim lab</u>
BRIEF DESCRIPTION: <u>Lean Bri and I miscalculated pediatric drug doses and gave our patient too much maintenance IV fluids, Acetaminophen PO, and Ibuprofen PO. The fluids ran at 80ml/hr but should have been 52 ml/hr, acetaminophen 275mg was given but should have been 225mg, and ibuprofen 200mg was given and should have been 150mg.</u>	
<p>Circle One Source:</p> <p>Employee <u>Patient</u> Physician Student Volunteer</p>	<p>Circle One LOCATION:</p> <p>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. <u>F RMCSN MCN SIM LAB</u></p> <p>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</p> <p>Support Service: Administration Bldg./Ground Ctr Coord Care Communication Corp Health Dietary Firelands Hlth Bldg FPG Sites Gift Shop Housekeeping Lobby Maintenance Materiels Mgmt Registration/ Central Sched Security Sterile Process Urgent Care</p> <p>South Campus: Lobby Behavioral Hlth Building-Ground Children SPOT Dietary Area Finance Housekeeping Maintenance Patient Accts. Security</p> <p>Counseling & Recovery: Bellevue Fremont Norwalk Port Clinton Sandusky Tiffin Wyandot</p>
<p>Circle One INCIDENT TYPE:</p> <p>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 <u>Med, unordered</u> <u>Med, wrong dose</u> 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</p> <p>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</p>	<p>IV SOLUTIONS/IV MEDS: IV, hep-lock fail to remove at discharge IV, infiltration IV, mislabeled IV, unordered <u>IV, wrong dose</u> <u>IV, wrong rate</u> 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</p> <p>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 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</p>
	<p>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</p> <p>INJURIES: Injury, aggravation pre-existing condition Injury, assault Injury, chemical Injury, heat (thermal) Injury, ingestion/inhal. Injury, OR</p> <p>SECURITY: Med Assist Standby Standby, Intoxicated Standby, MH Issue</p>

- Severe incidents should be reported to a Supervisor/Director and Quality Department immediately.
- If equipment is involved, tag and save.

DO NOT SCAN

PATIENT LABEL

ATTRIBUTION: Physician: N/A

Date/Time Notified: 10-23-25 09:45 AM

Departments Involved: Firelands school of nursing

Employees Involved: Mallory Jamison, Brianna Robias, Leah McNeely

Treatment/Orders: _____

Witnesses: Rachel Haynes, Kelly Ammannitt, Brian Seltz

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

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
- Ecchymosis
- 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: Mallory Jamison

Date: 10-23-25

Director's Corrective Action: Fill out this variance report and reflection questions on the mistake by an assigned date and time.

Signature of Director: _____

Date: 10-23-25

Forward Completed Form to the Quality Department

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