

MEDICATION/TREATMENT DISCREPANCY FORM

When a medication or treatment discrepancy occurs, staff discovering the discrepancy must:

1. Notify the person's place of residence and the nurse consultant and follow all instructions.
2. Complete this form.

This section is to be completed by staff who discovered the discrepancy.

Name of Staff Involved: Alice Cox Client Initials: KY Site: Linden

Name of medication or treatment involved: Felbamate 600mg -1 tab

Occurred on: Date 11/22/2024 Time 11am Discovered on: Date 11/22/2024 Time 11:05am

Check type of discrepancy:

Med/Tx not given Med/Tx given at wrong time
 Incorrect dose of med/tx given Med/Tx given on wrong date
 Med/Tx given to wrong client Med/Tx not charted (verify if med/tx was given)
 Med/Tx given via wrong route Med/Tx Expired

Describe: KY was given incorrect med at 11am. Staff noticed immediately and talked to Supervisor.

Specify who was notified: Teresa Hausch & Poison control Date 11/22/2024 Time 11:19am&11:21am

Instructions received: Poison Control- May cause drowsiness in 1-4 hours. No other side effects.

Continue to monitor. Can give normal medication right away or wait until after the "peak" time. Teresa- Do not give. House can give when she gets home.

Your supervisor must be notified today.

Name of supervisor: Sam VanSickle Date notified : 11/22/2024 Time 11:06am

Was this discrepancy determined by a nurse to be a med/treatment error? No Yes

Was person's residence notified? Not Indicated Yes Date Notified 11/6/2024

Was the prescriber notified? Not Indicated Yes Name _____ Date Notified _____

Was the legal representative notified? Yes Date Notified 11/6/2024 Will be notified quarterly

Was the case manager notified? Yes Date Notified _____ Will be notified quarterly

Alert other staff of potential problems due to the discrepancy

Signature of staff who discovered the discrepancy Alice Cox

This section is to be completed by staff who made the discrepancy

What can you do to prevent this discrepancy from occurring in the future? _____

Speak the person's name before med is given
Signature Alice Cox Date 11/22/24

Review of Discrepancy

This discrepancy occurred due to: _____ Documentation omission Staff error _____ Pharmacy error _____

Refusal or error by person served. Other Gave wrong client med -

Comments Must go through ALL checks for every med

Pass - Do not dose several med passes at 1 time

Supervisor Signature _____ Date 11/27/24 Nurse Signature M Date 12-5-24

Supervisor Signature _____ Date _____ Nurse Signature _____ Date _____