DATAFORM 3
Medication Error and Near Miss Classification Form

1. Study ID Number:             ____ ____-____ ____-____ ____ ____ ____

2. Reviewer ID Number:         ____ ____

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Center of Excellence for Patient Safety Research and Practice
Dataform 3: Medication Error and Near Miss Classification Form
Codes for Question 5
1. Med error
2. Near miss

Codes for Question 6 and 8
1. Illegible Order
   1.01 MD signature illegible
   1.02 Patient name illegible
   1.03 Med name illegible
   1.04 Illegible route
   1.05 Illegible frequency
   1.06 Illegible length of treatment
   1.07 Illegible amount to be dispensed
   1.08 Entire prescription illegible
   1.09 Illegible dose or dose units
   1.10 Illegible strength or strength units
   1.11 Illegible date
   1.12 Illegible weight or weight
   1.13 Illegible directions for use

2. Dose error
   2.01 Overdose
   2.02 Underdose
   2.03 Dose omitted (from order/when dispensed)
   2.04 Dose units omitted
   2.05 Dose form incorrect
   2.06 Extra dose(s)
   2.07 Missed dose(s) (not given/taken)
   2.08 Discrepancy in dose

3. Route error
   3.01 Route omitted
   3.02 Route incorrect
   3.03 Discrepancy in route

4. Frequency error
   4.01 Frequency omitted
   4.02 Frequency incorrect
   4.03 Discrepancy in frequency

5. Length of Treatment Error
   5.01 Length of treatment omitted
   5.02 Length of treatment incorrect
   5.03 Discrepancy in length of treatment

6. Directions Error
   6.01 Directions for use omitted
   6.02 Directions for use incorrect
   6.03 Directions for use incomplete
   6.04 Discrepancy in directions

7. Strength Error
   7.01 Strength omitted
   7.02 Strength incorrect
   7.03 Strength incomplete
   7.04 Strength without units

8. Amount to be dispensed error
   8.01 Amount to be dispensed omitted
   8.02 Amount to be dispensed incorrect
   8.03 Amount to be dispensed without units
   8.04 Amount to be dispensed units incorrect

9. PRN without indication

10. Weight Error
    10.01 Weight omitted
    10.02 Weight wrong
    10.03 Weight units missing

11. Date Error
    11.01 Date omitted
    11.02 Date incorrect

12. Inappropriate use of abbreviation
    12.01 Dose abbreviation
    12.02 Route abbreviation
    12.03 Frequency abbreviation
    12.04 Length of treatment abbreviation
    12.05 Directions abbreviation
    12.06 Strength abbreviation
    12.07 Amount abbreviation
    12.08 Weight abbreviation
    12.09 Drug name abbreviation

13. Other, specify:

14. Substitution
    14.01 Wrong drug given
    14.02 Wrong patient received drug
    14.03 Wrong drug ordered

15. Failure to recognize drug-drug interaction
16. Inadequate follow-up of therapy
17. Use of inappropriate drug
18. Avoidable delay of treatment
19. Patient had documented allergy to medication prescribed

20. Refill Error
    20.01 Refill amount omitted
    20.02 Refill amount incorrect

Codes for Question 9, 10, and 14
1. Physician
2. Nurse practitioner
3. Physician’s assistant

Codes for question 11 (Choose all that apply)
1. Patient contacted provider (phone)
2. Patient contacted provider (email)
3. Patient contacted RN (phone)
4. Patient contacted RN (email)
5. Provider contacted pharmacy
6. Pharmacy contacted provider
7. Patient contacted pharmacy
8. Labs
9. Office visit
10. ED visit
11. Hospitalization
12. Consults
13. Other medications
14. Other, specify:

Codes for Question 12 (Choose all that apply)
1. Physician order
2. Pharmacy dispensing
3. Transcription
4. Patient administration
5. Monitoring
6. Can’t tell

Codes for Question 13
1. No
2. Yes