

	County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure	Policy Issuer (Unit/Program)	JCH
		Policy Number	B03-1403
		Effective Date	09-09
		Revision Date	07-19
Title: Medication Error		Functional Area: Safety	
Approved By: Pamela Gandy-Rosemond, MSN RN CCHP Health Administrator			
Approved By: Scarlett Ong, BSN RN Clinic Manager			

Policy:

The purpose of this policy and procedure is to establish guidelines for identification and reporting of medication error incidents.

Timely and accurate identification and reporting of incidents facilitates early investigation, evaluation and corrective action, if indicated. When a medication error occurs, Juvenile Correctional Health staff members are required to thoroughly complete each step of the reporting process as soon as possible.

Procedures:

Timely and accurate identification and reporting of incidents facilitates early investigation, evaluation and corrective action, if indicated. When a medication error occurs, Juvenile Correctional Health staff members are required to thoroughly complete each step of the reporting process as soon as possible.

1. Identification of Medication Error

“5 Rights” The five rights of medication administration are:

1. Client
2. Time
3. Drug
4. Dose
5. Route

If any of these rights has been compromised then an error has occurred. A Medication Error Report form must be completed.

A. Reporting Process

1. Verbal Report:

- a. Physician: Notify prescribing physician or doctor on call. Follow directions/orders given by MD.
- b. Pharmacist: If pharmacist on duty, contact pharmacist for possible side effects or antidote.
- c. Poison Control: If applicable, contact Poison Control for advice.
- d. Supervisor: Notify supervisor on duty.

2. Written Report

- a. Staff: Employee directly involved is required to complete an Incident Report Form (Attachment 1) as soon as possible and before the end of the shift on which the incident occurred. If error found by another staff the report is to be completed to the best of his/her knowledge. In all instances, the following guidelines apply:
 1. The form must be completed in its entirety.
 2. Handwriting must be legible.
 3. The date and time of the occurrence must be recorded as accurately as possible
 4. First and last names should be used for all individuals involved.

References:

NCCHC Y-B-03, Y-D-02
Title 15, Article 8, Section 1403

Attachments:

JCH Incident Report Form

Contact:

Scarlett Ong, BSN RN, Health Program Coordinator