

### Medication Incident Report Form

Service User/Pupil	Date of Birth
Address	

<b>Details of Incident</b>	
Date of Incident –	Time of Incident-
Member of Staff Reporting Incident-	
Detail of Incident-	
Reason for Incident ( Pharmacy Error, Wrong Medication Administered, Overdose, Missed Medication, etc) -	
Detail of any injuries/ill health effects-	
Detail of any Treatment Given-	
Admission to Hospital <b>Yes/No</b> If yes what was the outcome-	
Who has been informed of the incident (Carers, Pharmacist, GP, NHS Direct, CSCI) –	
Any Additional Information	
Statement Taken from relevant Parties – Detail whom and attach a copy.	
Corrective/Remedial Action Taken-	

This incident must be reported to the Headteacher/Service Manager/Group Manager immediately, and a copy of the report forwarded.

Signature Reporting Officer \_\_\_\_\_

Date \_\_\_\_\_

Dear

**CONFIRMATION OF MEDICATION DETAILS YOU REQUIRE TO BE ADMINISTERED BY:**

Service User/Pupil	Date of Birth	Telephone Number
Address		
GP Name	GP Telephone Number	
Details of any allergies or other special instructions (Take in to account any cultural, religious or communication needs )		

Name of Medication	Strength of Dosage	Number/Amount of Medication & time when given

If the details above are correct, please sign and return

..... Signed (Parent/Carer).....

**Important Note**

Should there be any amendment to the following: -

1. Medication or dosage
2. Address or telephone number
3. Doctor or Doctor's telephone number

Please inform the Establishment, in writing, immediately.

### Protocol For The Administration Of Prescribed PRN Medication

PRN medication must only be administered by an employee who has received relevant training. PRN medication must only be administered in strict accordance with the following protocol.

Service User/Pupil		Date of Birth	
Address			

GP	
Address	
Prescribed PRN Medication	
Dosage	
Conditions under which the use of PRN medication is recommended	
Any known triggers	
Any warning signs	
Time expected for the medication to take effect	
Action required if effect does not occur as expected	

GP		Parent /Carer	
Name		Name	
Signature		Signature	

On each occasion PRN Medication is administered, this should be clearly recorded on the Service Users medication sheet.

# Medication Record Sheet

<b>Service Users Name</b>			<b>Ciss Number</b>						
<b>Address/ Establishment</b>			<b>Date Of Birth</b>						
<b>GP Name</b>			<b>GP Telephone Number</b>						
<b>Week Commencing</b>									
<b>Comments/Special Instructions (Respecting cultural, religious or communication needs )</b>									
Medicine Details	Received	Time	Dose	Mon	Tues	Wed	Thu	Fri	Returned
	X			X	X	X	X	X	X
				X	X	X	X	X	X
	X			X	X	X	X	X	X
				X	X	X	X	X	X
	X			X	X	X	X	X	X
				X	X	X	X	X	X
	X			X	X	X	X	X	X
				X	X	X	X	X	X

**Please use one of the following codes and initial against your entry**

**D= Dispense**

**A= Administered / Applied**

**P=Prompt**

**X= Refused**

**I=Incident**

