# MEDICATION PASS OBSERVATION REPORT

| Facility | Station/Wing | | Page of |
|---|---|---|---|
| Staff Observed | Time Started | Time Finished | Date |

*** ERROR TYPE CODES**

1. **Omissions** (Drugs ordered but not administered at least once)
2. **Unauthorized Drug** (Drugs administered without a physician's order)
3. **Wrong Dose**
4. **Wrong Route of Administration**
5. **Wrong Dosage Form**
6. **Wrong Drug**
7. **Wrong Time**
8. **Mfg. Specs. and/or Professional Standard (below)**

| RESIDENT | DRUG/DOSE AS PASSED | CURRENT DRUGS AS ORDERED | ERROR TYPE * 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | S/NS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | TOTAL NO. OF MEDS PASSED | TOTAL NO. OF DRUGS ORDERED | ERROR GRAND TOTALS | | | | | | | | |
| | | PAGE ERROR TOTALS | | | | | | | | | |
| | | CUMULATIVE ERROR TOTALS (This plus previous pages) | | | | | | | | | |



See explanation on reverse for error types and examples of significant and non-significant errors/S/NS

**Type 8 = Medication Errors Due to Failure to Follow Manufacturers Specifications or Accepted Professional Standards (check each that was observed)**
**(The pharmacist is responsible for supporting any cited errors of Accepted Professional Standards with contemporaneous literature and/or facility policies.)**

- ☐ Failure to "shake well" products so labeled.
- ☐ Failure to properly mix insulin suspensions (e.g., "rolling") without creating air bubbles.
- ☐ Crushing tablets or capsules where manufacturer states "do not crush" [Exceptions - (a) if MD explains in the clinical record why crushing will not adversely affect patient, or; (b) if Facility can provide manufacturer or professional literature to justify why modification of dosage form will not compromise patient care]
- ☐ Failure to administer adequate (i.e., 8 oz) fluids with medications when manufacturer so specifies (e.g., with administration of bulk laxatives, NSAIDs or solid/liquid potassium supplements).
- ☐ Failure to administer medications with food or antacids when so specified by manufacturer (either before or with medication). This is especially important with NSAID medications.
- ☐ Administration of medications immediately before, during or immediately after administration of enteral nutritional formulas (ENFs) without, as a minimum,
  (1) checking placement of nasogastric or gastrostomy tube (cited under F281);
  (2) pre- and post-flushing of tube with at least 30 ml of preferably warm water (cited under F332/F333).
  NOTE - if Dilantin (phenytoin) is being given immediately before, during or immediately after ENF, check clinical record to assure patient is not experiencing loss of seizure control or side effects such as sedation.
- ☐ Failure to properly administer ophthalmic products wherein either (a) contact of the product with the eye occurs, or; (b) insufficient time (3-5 minutes) is allowed between administration of multiple ophthalmic products.
- ☐ Allowing resident to swallow sublingual tablets.
- ☐ Failure to properly administer medication via metered dose inhalers (MDIs). Proper administration includes: (a) shaking MDI well; (b) positioning MDI 2 finger widths in front of resident's mouth (or using spacer); (c) having resident exhale first then take a slow, deep breath as MDI is activated; (d) holding breath for a count of 10 after inhalation before slowly exhaling, and; (e) waiting a minute between puffs if multiple puffs are ordered.
  NOTE - if resident is unable to cooperate with the above procedures (e.g., due to dementia) this should not be considered an error.
- ☐ Other (please explain including potential for resident's discomfort or jeopardy to his or her health and safety). _____
- ☐ _____
- ☐ _____
- ☐ _____

Conclusion/Recommendation(s)

**CALCULATED ERROR RATE** = (**NUMBER OF ERRORS OBSERVED** (Significant + Non Significant) ☐ / **OPPORTUNITIES FOR ERRORS** (Doses Given + Doses Ordered But Not Given) ☐) X 100 = ____ %

Consultant Pharmacist/Observer

The following numbers represent the error types coded on the front of this form.

## ERROR TYPE CODES (1 through 7)

**S - SIGNIFICANT** **NS - NON SIGNIFICANT**

**1. OMISSIONS** (Drugs ordered but not administered at least once)

Examples:

| | |
|---|---|
| Haldol 1mg BID | NS |
| Motrin 400mg TID | NS |
| Quinidine 200mg TID | S |
| Multivitamin one daily | NS |
| Mylanta Suspension one oz. TID AC | NS |
| Nitrol Ointment one inch | S |
| Tearisol Drops 2 both eyes TID | NS |
| Metamucil one packet BID | NS |

**2. UNAUTHORIZED DRUG** (Drugs administered without a physician's order)

Examples:

| | |
|---|---|
| Feosol | NS |
| Coumadin 4mg | S |
| Zyloprim 100mg | NS |
| Tylenol 5gr | NS |
| Motrin 400mg | NS |

**3. WRONG DOSE**

Examples:

| Ordered | Administered | |
|---|---|---|
| Timoptic 0.25% one drop in the left eye TID | Three drops in each eye | NS |
| Digoxin 0.125mg everyday | 0.25mg | S |
| Amphojel 30cc QID | 15cc | NS |
| Dilantin 125 SUSP 12cc | 2cc | S |

**4. WRONG ROUTE OF ADMINISTRATION**

Examples:

| Ordered | Administered | |
|---|---|---|
| Cortisporin Otic Drops 4 to 5 left ear QID | Left eye | S |

**5. WRONG DOSAGE FORM**

Examples:

| Ordered | Administered | |
|---|---|---|
| Colace Liquid 100mg BID | Capsule | NS |
| Mellaril 10mg tablet | Concentrate | NS* |
| ** (If correct dose was given)* | | |
| Dilantin Kapseals ** 100mg three Kapseals p.o. HS | Prompt Phenytoin 100mg three capsules p.o. HS | S |
| *** (Park Davis Kapseals have an extended rate of absorption. Prompt phenytoin capsules do not)* | | |

**6. WRONG DRUG**

Examples:

| Ordered | Administered | |
|---|---|---|
| Tums | Oscal | NS |
| Vibramycin | Vancomycin | S |

**7. WRONG TIME**

Examples:

| Ordered | Administered | |
|---|---|---|
| Digoxin 0.25mg daily at 8 am | At 9:30 am | NS |
| Percocet 2 tablets 20 minutes before painful treatment | 2 tablets given 3hrs after treatment | S |



## DEFINITION

**Medication Error –** the preparation or administration of drugs or biologicals which is not in accordance with:
(1) physician's orders,
(2) manufacturer's specifications (not recommendations) regarding the preparation and administration of the drug or biological;
(3) accepted professional standards and principles which apply to professionals providing services. Accepted professional standards and principles include various practice regulations in each State, and current commonly accepted health standards established by national organizations, boards and councils.

**Significant Medication Error** means one which causes the resident discomfort or jeopardizes his or her health. Criteria for judging significant medication errors as well as examples are provided above.

**General Rules for Determining Significance. –** The relative significance of medication errors is a matter of professional judgement. Observers who are responsible for assessing these requirements must be qualified to exercise such judgement (e.g., pharmacists, nurses). Follow three general rules in determining whether a medication error is significant or not:

- **RESIDENT CONDITION –** The resident's condition is an important factor to take into consideration. For example, a potent diuretic erroneously administered to a dehydrated resident may have serious consequences but if administered to a resident with a normal fluid balance may not. If the resident's condition requires rigid control, a single missed or wrong dose can be highly significant.

- **DRUG CATEGORY –** If the drug is from a category that usually requires the resident to be titrated to a specific blood level, a single medication error could alter that level and precipitate a reoccurrence of symptoms or toxicity. This is especially important with a drug that has a Narrow Therapeutic Index (NTI) (i.e., a drug in which the therapeutic dose is very close to the toxic dose). Examples of drugs with NTI are as follows: Anticonvulsant: phenytoin (Dilantin), carbamazepine (Tegretol), valproic acid (Depakote); Anticoagulants: warfarin (Coumadin), Antiarrhythmic: digoxin (Lanoxin); Antiasthmatics: theophylline (TheoDur); Antimanic Drugs: lithium salts (Eskalith, Lithobid). Examples of drug categories which require titration of resident blood levels include anticonvulsants, anticoagulants, antiarrhythmic, antianginal, and antiglaucoma agents.

- **FREQUENCY OF ERROR –** If an error is occurring with any frequency, there is more reason to classify the error as significant. For example, if a resident's drug was omitted several times, as verified by reconciling the number of tablets delivered with the number administered, classifying that error as significant would be more in order. This conclusion may be especially valid when taken in concert with the resident's condition and the drug category.

INH 110200B(R)