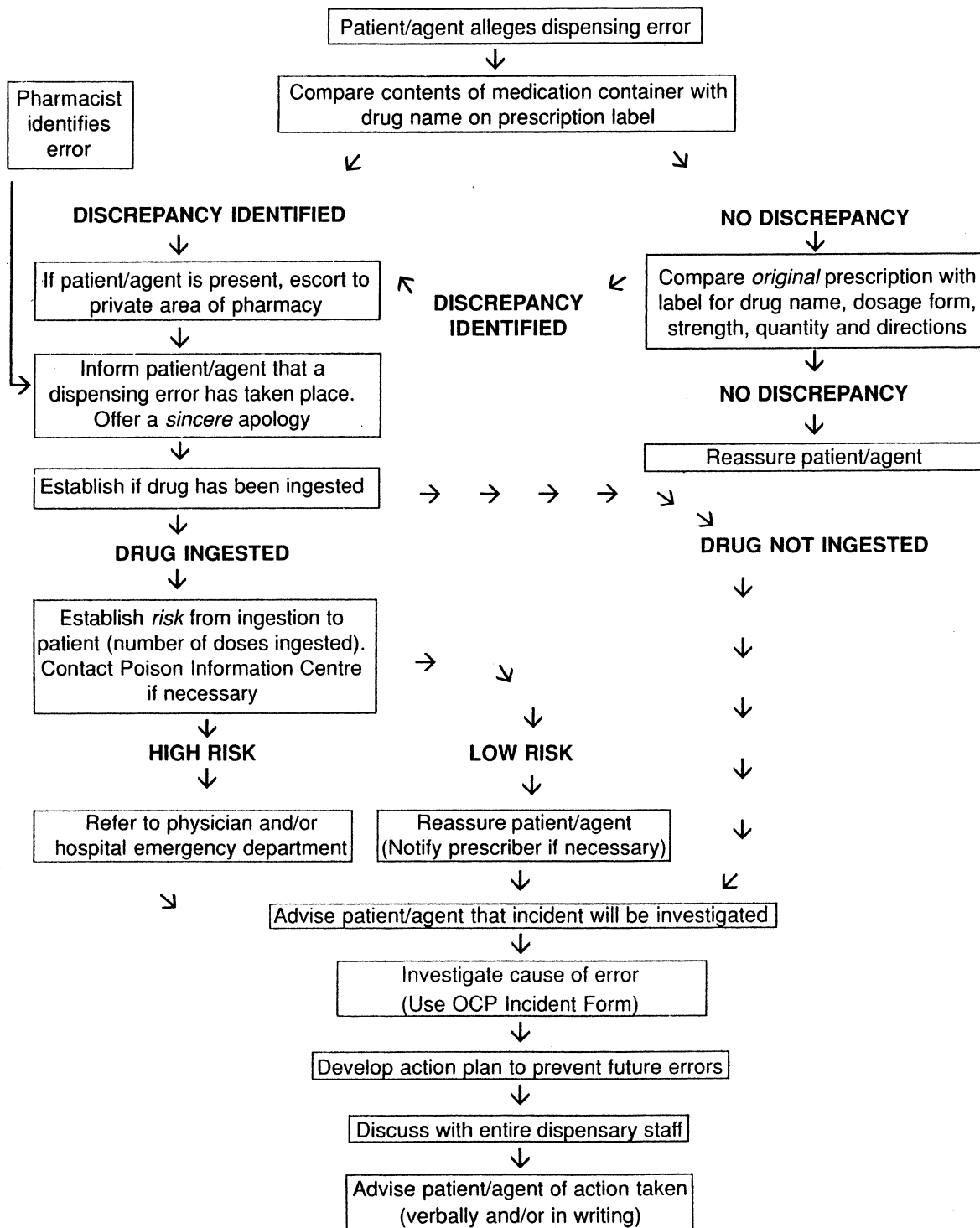


# Suggested Protocol for Handling of Dispensing Errors



**In All Cases, the Pharmacist Should Deal with the Situation**

PATIENT NAME

DRUG NAME/STRENGTH

PRESCRIPTION NUMBER

PATIENT ADDRESS

TELEPHONE

PATIENT AGE

DATE INCIDENT DISCOVERED

DATE OF DISPENSING

NEW Rx  REPEAT Rx

INCIDENT DISCOVERED BY: \_\_\_\_\_

DISPENSING PHARMACIST: \_\_\_\_\_

**NATURE OF INCIDENT**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Incorrect Drug        | <input type="checkbox"/> Incorrect Strength  | <input type="checkbox"/> Verbal Disagreement    |
| <input type="checkbox"/> Incorrect Directions  | <input type="checkbox"/> Incorrect Brand     | _____   |
| <input type="checkbox"/> Incorrect Dosage Form | <input type="checkbox"/> Incorrect Quantity  | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Incorrect Patient     | <input type="checkbox"/> Outdated Medication | _____   |

DETAILS OF INCIDENT: \_\_\_\_\_

WAS DRUG INGESTED?  YES  NO If yes, was medical attention required? \_\_\_\_\_

PATIENT CONTACTED BY: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

PRESCRIBER CONTACTED BY: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

PRESCRIBER'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PRESCRIBER'S COMMENTS: \_\_\_\_\_

REASON FOR INCIDENT: \_\_\_\_\_

CORRECTIVE ACTION(S) TAKEN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_