

Medication Variance Form

Part A: Details of event:

Date and time of report _____

Person reporting variance _____

Type of Variance (Check ONE that most closely represents the end-result of variance)

_____ Wrong drug

_____ Wrong dose

_____ Wrong administration rate

_____ Wrong time

_____ Wrong frequency or number of doses

_____ Other

Did the variance reach the client? _____ Yes, the variance reached the student

_____ No, the variance was recognized before it reached the student

Name/dosage/route of medication ordered _____

Name/dosage/route of medication calculated _____

Additional information regarding variance _____

Follow-up: _____ faculty notified date/time _____

Additional monitoring/labs/procedures needed related to error _____

Part B: Patient Outcome category

_____ An error occurred but did not reach the student

_____ The error would result in the need for increased student monitoring, but no client harm

_____ The error would result in the need for treatment/intervention and cause temporary student harm

_____ The error would result in initial or prolonged hospitalization and cause temporary student harm

_____ The error would result in permanent student harm

_____ The error would result in a near-death event (i.e. anaphylaxis, cardiac arrest)

_____ The error would result in a student death

Part C: Factors contributing to variance

_____ Calculation/preparation of medicine

_____ Evaluation of medication/comparison to medication administration form

_____ Other

How could this error have been prevented? _____

Show corrected calculation: