

Communication Form

Discrepancy Report

Please complete this form an send to Avel Pharmacy Routine Fax Line: 866-371-7310

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Patient Name: Patient ID:		Date:
		Time:
Нс	ospital:	
(Patient label preferred to indicate which facility and patient are involved)		
Discrepancy Class: Order Entry Discrepancy		Medication Involved:
		Drug Class:
w	hat Happened? (Type of Discrepancy): Wrong patient Wrong drug/product Wrong dose Wrong directions (sig/frequency) Wrong route Wrong IV rate Duplicate entry Unapproved abbreviation Med entry omitted Medication not ordered Med discontinued without order Wrong time Formulary sub not used Wrong duration of therapy Other:	Contributing Factors: (To be completed by Pharmacist) Policies Legibility Processes Lack of Training Computer Software Inadequate Patient Info Other:
Severity:		Comments/Communication:
	No Harm to Patient	
	Additional Patient monitoring needed	
	Change in vital Signs/need for lab work	
	Treatment needed/increase in stay	
	Intensive Medical Care	
	Permanent Patient Harm	
	Cause or contribute to Death	
		Signature: