DMRS Medication Variance Report

Section 1: Name_____
Age_____
SS /Case #_____

Section 2: Time & Location of Variance (circle)
Day of the Week: Su Mo Tu We Th Fr Sa
Date/Time of event_____ ____:____(circle AM/PM)
Location_____
Agency_____
Physician Notified_____Date/Time_____

Section 3: **Practitioner/Staff Involved**

Classification	Status
( ) Nurse	( ) Regular
( ) Pharmacist	( ) Agency/Contract
( ) Physician	( ) Float
( ) Direct Support Staff	( ) Other_____
( ) Respiratory Therapist	
( ) Other_____	

Duration of variance _____days_____hours

Section 4: Medication and Doses Involved

Drug **ordered** and route	Drug **given** and route
_____	_____
Route:	Route:
( ) IV push	( ) IV push
( ) IV drip	( ) IV drip
( ) IM	( ) IM
( ) SC	( ) SC
( ) PO	( ) PO
( ) Per Rectum	( ) Per Rectum
( ) Per tube	( ) Per tube
( ) Per trach	( ) Per trach
( ) Topical	( ) Topical
( ) Vaginal	( ) Vaginal
( ) Other _____	( ) Other _____

Section 5: **What happened? (Check all that apply)**

INCORRECT

( ) Person	( ) Given when criteria (e.g. BP, blood sugar, pain) not met
( ) Drug	
( ) Dose	
( ) Route	( ) Extra dose given (e.g. more than scheduled doses or given after stop date or after discontinued)
( ) Formulation	
( ) IV Rate	
( ) IV Solution	
( ) Time	( ) Given in the presence of documented allergy to drug
( ) Position	
( ) Texture	
( ) Dose Omitted	( ) Treatment Error

( ) Other _____

Form of variance: ( ) actual ( ) potential

Section 6: **Description of Variance: In your opinion why did this variance occur?**
Please be specific and refer to the example descriptions below. If necessary, briefly describe event. Variance in:

( ) **PRESCRIBING:** (e.g. incomplete or unclear order, excessive quantity prescribed, wrong drug, etc.)

( ) **TRANSCRIBING**: (e.g. order entered on wrong person, order content changed during schedule revision, incorrect verbal order, etc.)

( ) **PROCUREMENT & STORAGE**: (e.g. lack of standardized storage locations, lack of safe drug storage and stocking practices, lack of standardization of stock drug concentrations, expired drugs, provider failed to fill prescription, etc.)

( ) **DISPENSING:** (e.g. medication mislabeled, wrong medication stocked in satellite pharmacy, wrong medication withdrawn from satellite pharmacy, inaccurate dose calculation, etc)

( ) **ADMINISTERING:** (e.g. medication label misread or not read, previous dose given but not charted or charted incorrectly, person identification not verified, person not available on unit, etc)

( ) **MONITORING**: (e.g. inaccurate documentation of person's weight, necessary tests or procedures not ordered, test/procedure results misinterpreted, test/procedure results not charted or charted incorrectly, lapse in profile or new order review, etc.)

Section 7: **Contributing Factors: In your opinion, were there factors that made this variance difficult to prevent or detect?**

( ) **PRODUCT** (e.g., unclear manufacturing labeling, "sound-alike" drug names, look-alike packaging, omission or misuse of a prefix or suffix such as "fos" phenytoin or diltiazem "CD" etc.)
( ) **MEDICATION USE SYSTEM** (e.g. side-by-side storage of look-alike drugs, lack of standardization in practice, competing distractions, etc.)
( ) **COMMUNICATION DYNAMICS** (e.g. lack of clear, accurate, and timely written and oral communications related to drug regimen, lack of interactions that are free of fear of intimidation, punishment, and embarrassment etc.)
( ) **OTHER**_____Explain:_____

Section 8: Severity of the variance (check one) Use your best judgment, to rate the severity of the variance.

Classification I	( ) Category A: Circumstances or events that have the capacity to cause a medication-use variance
Classification II	( ) Category B: Variance occurred, but was detected before it reached the individual
Classification II	( ) Category C: Variance occurred, reached the individual, but caused no harm or is unlikely to cause harm
Classification II	( ) Category D: Variance will require additional person monitoring, but is unlikely to result in a change in vital signs or cause harm
Classification III **	( ) Category E: Variance requires intervention and caused or is likely to cause the person temporary harm
Classification III **	( ) Category F: Variance caused or is likely to cause temporary harm requiring hospitalization
Classification III **	( ) Category G: Variance caused or is likely to cause permanent harm to the person
Classification III **	( ) Category H: Variance resulted in a near death event (e.g. anaphylaxis, cardiac arrest)
Classification IV **	( ) Category I: Variance resulted in or contributed to the person's death

***NOTE*: ** A selection in this classification and category requires the completion of a Reportable Incident form. (In addition to this form)**

Section 9: Your comments. In your opinion, are there improvements or changes that can be made to help prevent a similar event from occurring again? Intervention (e.g. training, monitoring, correction made to MAR, medication obtained, etc.).

Actions/Outcomes:

_____ _____ _____ _____
Signature / Title of person completing form Date Supervisor / Reviewer Date

MR-0484