|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication Administration Program (MAP)  MEDICATION OCCURRENCE REPORT (MOR) Form | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Provider | | | | | | |  | | | | | | | | | | Date of Discovery | | | |  | | | |
| Individual’s Name | | | | | | |  | | | | | | | | | | Time of Discovery | | | |  | | | |
| Site Address (street) | | | | | | |  | | | | | | | | | | Date(s) of Occurrence | | | |  | | | |
| City/Town Zip Code | | | | | | |  | | | | | | | | | | Time(s) of Occurrence | | | |  | | | |
| MAP Site Telephone No. | | | | | | |  | | | | | | | | | | MAP MCSR No. | | | | MAP | | | |
| A) Type Of Occurrence (As per regulation, contact MAP Consultant) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | |  | | Wrong Individual | | | | | 4 | | Wrong Medication (includes medication given without an order) | | | | | | | | | | | | | |
| 2 | |  | | Wrong Dose | | | | | 5 | | Wrong Time (includes medication not given in appropriate timeframe) | | | | | | | | | | | | | |
| 3 | |  | | Wrong Route | | | | |  | | Omission (subgroup of ‘wrong time’--medication not given or forgotten) | | | | | | | | | | | | | |
| B) Medication(s) Involved | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Medication Name | | | | | | | | Dosage | | | | | Frequency/Time | | | | | Route |
| As Ordered: | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
| As Given: | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
| As Ordered: | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
| As Given: | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
| As Ordered: | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
| As Given: | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
| C) MAP Consultant Contacted (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | | | | | | Name | | | | | | | | | | Date Contacted | | | | Time Contacted | | |
| Registered Nurse | | | | | | | |  | | | | | | | | | |  | | | |  | | |
| Registered Pharmacist | | | | | | | |  | | | | | | | | | |  | | | |  | | |
| Health Care Provider | | | | | | | |  | | | | | | | | | |  | | | |  | | |
| D) Hotline Events | | | | | | | | | | | | | | | | | |  | | | | | | |
| Did any of the events below follow the occurrence?  Yes  No | | | | | | | | | | | | | | | | | |  | | | | | | |
| If ***yes***, ‘check all that apply below’, and **within 24 hours** of discovery notify DPH through the online [DPH Hotline Reporting System](https://healthprofessionlicensing.mass.gov/public-incident-reports), and notify the applicable DDS, DMH, DCF, or MRC MAP Coordinator. If *no*, notify your DDS, DMH, DCF, or MRC MAP Coordinator within 7 days of discovery. See ‘page 2’ for contact information. | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Intervention (*see Section E below*) | | | | | | | | | | Illness | | | | | | | | Injury | | | | Death | | |
| E) MAP Consultant’s Recommended Action | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Intervention  Yes  No If Yes, ‘Check all that apply’. | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Care Provider Visit | | | | | | | | Lab Work or Other Tests | | | | | | | | | | Clinic Visit | | | | | | |
| Emergency Room Visit | | | | | | | | Hospitalization | | | | | | | | | |  | | | | | | |
| Other: Please describe | | | | | | | | | | | | | | | | | | | | | | | | |
| F) Supervisory Review/Follow-up  Contributing Factors: ‘Check all that apply’ and complete ‘Narrative’ below: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 |  | | Failure to Properly Document Administration | | | | | | | | | |  | | 4 |  | | Non-compliant Procedure | | | | | | | |
| 2 |  | | Medication not Available (Explain Below) | | | | | | | | | |  | | 5 |  | | Failure to Accurately Record and/or Transcribe an Order | | | | | | | |
| 3a |  | | Medication Administered by Non-Certified Staff (includes instances of expired or revoked Certification) | | | | | | | | | |  | | 6 |  | | Failure to Accurately Take or Receive a Telephone Order | | | | | | | |
| 3b |  | | Medication Administered by a licensed nurse, employed on-site. LPN  RN | | | | | | | | | |  | | 7 |  | | Medication Had Been Discontinued | | | | | | | |
| 3c |  | | Medication Administered by a licensed nurse, not employed on-site (e.g., VNA) | | | | | | | | | |  | | 8 |  | | Other-(Narrative Required) | | | | | | | |
| **Narrative**: (If additional space is required, continue in box F-1) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor (Print Name)** | | | | |  | | | | | **Print Title** | |  | | | | | | | | **Date** | | |  | | |
| **Contact phone number** | | | | |  | | | | | **Email address** | |  | | | | | | | |  | | |  | | |

MEDICATION OCCURRENCE REPORT FORM (side two)

|  |  |  |  |
| --- | --- | --- | --- |
| Service Provider |  | Date of Discovery |  |
| Individual’s Name |  | Time of Discovery |  |
| Site Address (street) |  | Date(s) of Occurrence |  |
| City/Town Zip Code |  | Time(s) of Occurrence |  |
| MAP Site Telephone No. |  | MAP MCSR No. | MAP |

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| --- |
| F-1) Supervisory Review/Follow-up (continued from section F)  Use this section if needed for additional narrative. |

**Hotline Notification Reminder:**

If this Medication Occurrence meets criteria as a Hotline Medication Occurrence (i.e., if ‘yes’ is checked in Section D), notify DPH through the online [DPH Hotline Reporting System](https://healthprofessionlicensing.mass.gov/login-register) within 24 hours of discovery of the occurrence. Also, notify the applicable DDS, DMH, DCF, or MRC MAP Coordinator.

Occurrence Reporting is required by regulation at 105MR 700.003(E)(1)(f).

Consultant Contact is required by regulation at 105CMR 700.003(E)(1)(g)

**CONTACT INFORMATION:**

Click [here](https://mapmass.com/mod/page/view.php?id=3804&forceview=1) for State agency MAP Coordinator contact information.