

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 <input type="checkbox"/> Wrong Individual 2 <input type="checkbox"/> Wrong Dose 3 <input type="checkbox"/> Wrong Route	4 <input type="checkbox"/> Wrong Medication (includes medication given without an order) 5 <input type="checkbox"/> Wrong Time (includes medication not given in appropriate timeframe) <input type="checkbox"/> Omission (subgroup of 'wrong time'--medication not given or forgotten)
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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
<input type="checkbox"/> Registered Nurse			
<input type="checkbox"/> Registered Pharmacist			
<input type="checkbox"/> 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](#), 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.

<input type="checkbox"/> Medical Intervention (see Section E below)	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury	<input type="checkbox"/> Death
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E) MAP Consultant's Recommended Action

Medical Intervention ☐ Yes ☐ No If Yes, 'Check all that apply'.

<input type="checkbox"/> Health Care Provider Visit	<input type="checkbox"/> Lab Work or Other Tests	<input type="checkbox"/> Clinic Visit
<input type="checkbox"/> Emergency Room Visit	<input type="checkbox"/> Hospitalization	
<input type="checkbox"/> Other: Please describe		

F) Supervisory Review/Follow-up

Contributing Factors: 'Check all that apply' and complete 'Narrative' below:

1 <input type="checkbox"/> Failure to Properly Document Administration 2 <input type="checkbox"/> Medication not Available (Explain Below) 3a <input type="checkbox"/> Medication Administered by Non-Certified Staff (includes instances of expired or revoked Certification) 3b <input type="checkbox"/> Medication Administered by a licensed nurse, employed on-site. LPN <input type="checkbox"/> RN <input type="checkbox"/> 3c <input type="checkbox"/> Medication Administered by a licensed nurse, not employed on-site (e.g., VNA)	4 <input type="checkbox"/> Non-compliant Procedure 5 <input type="checkbox"/> Failure to Accurately Record and/or Transcribe an Order 6 <input type="checkbox"/> Failure to Accurately Take or Receive a Telephone Order 7 <input type="checkbox"/> Medication Had Been Discontinued 8 <input type="checkbox"/> Other-(Narrative Required)
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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)

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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](#) 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](#) for State agency MAP Coordinator contact information.