Department of Public Health Medication Administration Program
MEDICATION OCCURRENCE REPORT (side one)

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
2 ☐ Wrong Dose
3 ☐ Wrong Route
4 ☐ Wrong Medication (includes medication given without an order)
5 ☐ Wrong Time (includes medication not given in appropriate timeframe)
☐ 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 **fax this form to DPH (617) 753-8046** and/or call to notify DPH at (617) 983-6782. Also, notify the applicable DDS, DMH, DCF, or MRC MAP Coordinator (see 'side two' for contact information).
If *no*, forward the Medication Occurrence Report (*MOR Form*) within 7 days to your DDS, DMH, DCF, or MRC MAP Coordinator.

☐ 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
2 ☐ Medication not Available (Explain Below)
3a ☐ Medication Administered by Non-Certified Staff (includes instances of expired or revoked Certification)
3b ☐ Medication Administered by a licensed nurse, employed on-site. LPN ☐ RN ☐
3c ☐ Medication Administered by a licensed nurse, not employed on-site (e.g., VNA)
4 ☐ Non-compliant Procedure
5 ☐ Failure to Accurately Record and/or Transcribe an Order
6 ☐ Failure to Accurately Take or Receive a Telephone Order
7 ☐ Medication Had Been Discontinued
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**	

Occurrence Reporting is required by regulation at 105MR 700.003(F)(1)(f).
Consultant Contact is required by regulation at 105CMR 700.003(F)(1)(g)
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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

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), fax this form to DPH (617)753-8046 and/or call to notify DPH at (617)983-6782 within 24 hours of discovery of the occurrence. Also, notify the applicable DDS, DMH, DCF, or MRC MAP Coordinator.

CONTACT INFORMATION:

Click here for State agency MAP Coordinator contact information.