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

Agency Name		Date of Discovery	
Individual's Name		Time of Discovery	
Site Address (street)		Date(s) of Occurrence	
City/Town Zip Code		Time(s) of Occurrence	
Site Telephone No.		DPH Registration 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 fax this form to DPH (617) 753-8046 or call to notify DPH at (617) 983-6782 and notify your DDS, DMH, DCF or MRC MAP Coordinator (see 'side two' for contact information).
For All Occurrences, forward reports to your DDS, DMH, DCF, or MRC MAP Coordinator within 7 days.

☐ 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.

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)

Print Name	**Print Title**	**Date**
Contact phone number	**E-mail address**	

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

MEDICATION OCCURRENCE REPORT FORM (side two)

Agency Name		Date of Discovery	
Individual's Name		Time of Discovery	
Site Address (street)		Date(s) of Occurrence	
City/Town Zip Code		Time(s) of Occurrence	
Site Telephone No.		DPH Registration No.	MAP

F-1) Supervisory Review/Follow-up [continued from section F)]

Use this section if needed for additional narrative.

Contacts			
DMH/DCF Area MAP Coordinators	**Contact Information**	**DDS Regional MAP Coordinators**	**Contact Information**
Western Mass Area Office 1 Prince Street Northampton, MA 01060	Telephone Number: (413) 587-6269 Fax Number: (413) 587-6258	DDS Central West Regional Office 140 High St., Suite 301 Springfield, MA. 01105	Telephone Number: (413) 205-0914 Fax Number: (413) 205-1608
Central Mass Area DMH Hadley Building 167 Lyman St. Westborough, MA 01581	Telephone Number: (508) 616-2136 Fax Number: (508) 616-2859	Metro Region DDS Metro Regional Office 465 Waverley Oaks Road Suite 120 Waltham, MA 02452	Telephone Number: (781) 314-7506 Fax Number: (781) 398-0333
Southeast Area Office Learoyd Building P.O. Box 4007 Taunton MA 02780	Telephone Number: (508) 977-3456 Fax Number: (508) 977-3231	Northeast Region DDS Northeast Regional Office P.O. Box A Hathorne, MA 01937	Telephone Number: (978) 774-5000 ext-103 Fax Number: (978) 739-0417
Metro Boston Area Office 85 E. Newton Street Boston, MA 02118	Telephone Number: (857) 303-0285 Fax Number: (617) 626-9216	Southeast Region DDS Southeast Regional Office 151 Campanelli Drive, Suite B Middleboro, MA 02346	Telephone Number: (508) 866-8829 Fax Number: (508) 866-8859
Northeast Area 365 East Street P.O. Box 387 Tewksbury, MA 01876	Telephone Number: (978) 863-5038 Fax Number: (978) 863-5095	**ABI/MFP Statewide MAP Coordinator**	**Contact Information**
		1000 Washington Street 4th floor Boston, MA 02118	Telephone Number: (617) 624-7523 Fax Number: (508) 866-8859

Contacts			
MRC MAP Coordinators Statewide	**Contact Information**	**MRC MAP Coordinators Statewide**	**Contact Information**
Massachusetts Rehabilitation Commission 600 Washington Street 2nd floor Boston MA 02111	Telephone Number: (978) 697-2072 Fax Number: (617) 204-3889	Massachusetts Rehabilitation Commission 600 Washington Street 2nd floor Boston MA 02111	Telephone Number: (508) 612-5687 Fax Number: (617) 204-3889