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