|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.