Targeted follow-up questionnaire for medication errors related to overdose :

Specific follow-up forms (for medication error related to overdose)

A. Patient Details:

Initials:		Age (at the time of medication error):	
Sex M / F		Weight (kg):	

Suspect Drug Details

Suspect drug:		Indication:	
Prescribed dose:	_____mg once daily ☐ once weekly ☐ other, please specify:_____	Dosage form	oral solution ☐ tablets ☐ parenteral ☐
Dose actually used:	_____mg once daily ☐ once weekly ☐ other, please specify:_____	Treatment dates:	From: _____To:_____ Or ongoing: ☐

B. Details of Medication Error

1. Classification of medication error:

Error did reach the patient and led to an overdose ☐
Error was noticed before medication was taken by the patient and there was no actual overdose ☐
Unknown ☐

2. Which stage of the medication process did the medication error occur?

Prescribing ☐ Dispensing ☐ Transscription ☐ Preparation for administration ☐
Administration ☐ Unknown ☐
Other, please specify: _____
_____

3. Please provide start and stop dates of the occurrence of the medication error:

Start date: _____ Stop date: _____

Cumulative dose: _____in _____days

4. Where did the error occur:

Hospital ☐ Rehabilitation hospital ☐ Care Home ☐ Outpatient care ☐

At patient's home ☐ Other, please specify:_____

5. Were there any contributing factors that may have played a part in the origin or the development of the medication error?

a. Patient factors (e.g. poor adherence, cognitive decline, impaired vision, polymedication, first-users) ☐

please specify:_____

b. Healthcare professional factors (e.g. not accustomed to Methotrexate use in once weekly indications):

- Human factor: Mix up with other products (e.g. identification incidents due to similarity of appearance of folic acid and methotrexate) ☐
- Organisational (prepared tablet boxes/solution, transition of patient care) ☐
- External factors beyond the control of the healthcare professional or patient (e.g. IT software issues) ☐
- Other ☐

please specify:_____

Unknown ☐

C. Details of any Adverse Reaction(s) (side effects) – only complete this section if an adverse reaction (side effect) was experienced

Was there an adverse drug reaction (side effect) experienced as a consequence of the medication error?
Yes ☐ No ☐ Unknown ☐

please specify:
_____
_____

Outcome: Recovered ☐ Recovering ☐ Continuing ☐ Resolved with sequelae ☐
Fatal ☐ Unknown ☐

Do you consider the reaction to be serious? Yes ☐ No ☐

If yes, please indicate why (tick all that apply):

Patient died due to reaction ☐

Involved or prolonged an inpatient hospitalisation ☐

Life threatening ☐

Involved persistent or significant disability ☐

Congenital anomaly/birth defect ☐

Medically significant/Required intervention to prevent one of the above ☐
please specify:_____

Action taken with the medicinal product as result of the medication error:
Drug Withdrawn ☐ Dose Reduced ☐ Dose not changed ☐
Other ☐, please specify_____
Unknown ☐

Was the reaction related to the suspect drug?
Yes ☐ No ☐

D. Short narrative with (additional) relevant information (including concurrent medical conditions and test results):

_____
_____
_____
_____
_____

Reporter Details (to be included as per company policy):
Name_____
Address_____
Email _____
Phone, Fax_____

[Only those questions from the form should be sent to the reporter which ask for information not yet provided in the initial report. Alternatively, the reporter should be provided with a pre-filled form already including the information initially provided.]