



Box Elder School District

Dr. Ron Tolman, Superintendent
O. Jay & Tamra Call Education Center
960 South Main Street
Brigham City, Utah 84302

MEDICATION ADMINISTRATION INCIDENT REPORT

STUDENT DATA

Student Name: _____

School: _____

Date of Birth: _____

Grade: _____

INCIDENT DATA

Date of Incident: _____

Time of Incident: _____

STAFF INVOLVED IN INCIDENT

Name(s)

Position(s)

LOCATION OF INCIDENT

School Office

School Classroom

Other (describe): _____

MEDICAL DIAGNOSIS (if known)

STUDENT CONDITION PRIOR TO INCIDENT

Alert/Oriented

Agitated

Confused

Lethargic

Language Barrier

Other: _____

RESPONSE OBSERVED FOLLOWING INCIDENT

No Adverse Effect

Minor Adverse Effect: _____

Major Adverse Effect: _____

Comments: _____

MEDICATION VARIANCE (Check all that apply)

Prescribed Medication: _____

Ordered Dosage: _____

Medication Missing

Medication Omitted

Duplication/Extra Dose

Wrong Dose

Wrong Route

Wrong Student

Medication Given, Not Charted

Medication Charted, Not Given

Adverse Side Effects

Time Variance

Other: _____

Comments: _____

Office of the School Nurses

Phone: 435-734-4800

Fax: 435-734-4833

Web: www.nurses.besd.net

PROCEDURAL VARIANCE (Check all that apply)

- Performed on Wrong Student
- Student Did Not Arrive as Scheduled
- Omission of Procedure
- Blood, Blood-Product/Event (explain): _____
- Other: _____
- Comments: _____

- Improper Preparation of Student
- Staff Did Not Arrive as Scheduled
- Performance Delayed

EQUIPMENT VARIANCE (Check all that apply)

- Equipment Not Available
- Other Malfunction/Defect: _____
- Comments: _____

- Improper Use
- Mechanical Problem

SECURITY VARIANCE (Check all that apply)

- Drug Count Variance
- Damage/Loss of Property (explain): _____
- Other: _____
- Comments: _____

- Drug Keys Variance

NUTRITIONAL VARIANCE (Check all that apply)

- Time Variance
- Omitted
- Wrong Amount
- Duplicated
- Wrong Route
- Other: _____
- Comments: _____

- Wrong Supplement

NOTIFICATION

Person Notifying Parent: _____

Date: _____ **Time:** _____

Parent Name: _____

Time Parent Arrived: _____

Other People Notified

Doctor Name: _____

Time Notified: _____

Administrator Name: _____

Time Notified: _____

RN Name: _____

Time Notified: _____

Time 9-1-1 Called: _____

Other: _____

Comments: _____

REPORT COMPLETED BY

Name: _____

Title: _____

Date: _____

Reviewed By:

Name: _____

Title: _____

Date: _____

FOLLOW-UP

By: _____

Date: _____