

# PROCEDURE ERROR REPORT

*Contact District Health Services Coordinator and ALOA Coordinator by phone when discovered.*

***Fax report within 1 business day. District Fax # 469-5346 Do NOT Email Report***

Name of School \_\_\_\_\_ Date of Event \_\_\_\_\_ Time of Error \_\_\_\_\_ Error Code \_\_\_\_\_

Name of Student/Student ID number \_\_\_\_\_ D.O.B. \_\_\_\_\_ Prescribed Procedure on Authorization Form (Include Dosage/Route/Time)

Name and Position of Person Witnessing Event \_\_\_\_\_ Write Procedure Dosage/Route/Time Completed \_\_\_\_\_

**Describe error:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe action(s) taken:** \_\_\_\_\_  
\_\_\_\_\_

**Persons to be notified:**

Title	Name	Date	Time
Principal			
Parent			
Physician (if appropriate)			
Poison Control (if appropriate)1-800-222-1222			
RN Supervisor			
ALOA Coordinator			
District Health Services Coordinator 850-469-5456			

Signature (person completing report) \_\_\_\_\_ Date Completed \_\_\_\_\_

**Follow-up Action by Supervisor (to be completed within 10 days):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor

**Medication Error Codes:** 1. Wrong Student 3. Wrong Time 5. Missed Procedure 7. Pharmacy Error  
2. Wrong Dose 4. Wrong Procedure 6. Parent Error 8. Other