دائـــرة الـصـحـــة
DEPARTMENT OF HEALTH

Medication Error Report

* indicates a required field.

Request Details

PATIENT DETAILS

* IS IT PATIENT RELATED?:	○ YES ○ NO	IS EMIRATES ID AVAILABLE?: *	○ YES ○ NO
PATIENT EMIRATES ID NUMBER: *		FULL NAME ARABIC:	
FULL NAME ENGLISH:		SEX:	
DATE OF BIRTH:		AGE:	
WEIGHT (KG):		PATIENT CONTACT NUMBER:	
ADDRESS:		MEDICAL RECORD NUMBER:	

EVENT DESCRIPTION

* EVENT DESCRIPTION:		* EVENT DATE:	
EVENT TIME:			

IMPACT OF THE ERROR

* DID THE ERROR REACH THE PATIENT:	○ YES ○ NO

CONSEQUENCES

NO HARM TO PATIENT:	☐	MONITORING/ INTERVENTION TO PREVENT HARM WAS REQUIRED:	☐
PATIENT SUFFERED TEMPORARY HARM:	☐	PATIENT WAS HOSPITALIZED:	☐

INTERVENTION

ADMINISTERED ANTIDOTE:	☐	CHANGE TO THE CORRECT DOSE:	☐
CHANGE TO THE CORRECT DRUG:	☐	CHANGE FREQUENCY:	☐
OTHER INTERVENTION:	☐	NO ACTION WAS REQUIRED:	☐

CLASSIFICATION AND SEVERITY

SEVERITY CLASSIFICATION:		SEVERITY CLASSIFICATION DESCRIPTION:	
TYPE OF ERRORS:		MEDICATION USE PROCESS STAGE:	

REPORTER DETAILS

ANONYMOUS:	☐	PLEASE CLICK HERE IF YOU ARE THE PERSON WHO IDENTIFIED THE EVENT:	○ YES ○ NO
REPORTERS NAME:		HEALTH CARE FACILITY NAME:	
FACILITY TYPE:		FACILITY LICENSE NUMBER:	
USER LICENSE NUMBER:		CATEGORY:	
MAJOR:		PROFESSION (SPECIALTY):	
CONTACT NUMBER:		EMAIL ADDRESS:	

Initial Reporter Details

CATEGORY: *		MAJOR:	
CONTACT NAME:		CONTACT NUMBER:	
EMAIL:			

COMMENTS

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Medical Products Details

Medication Involved in Event

If you aren't aware of the Brand Name then please check the box below then fill the "Other Brand Name" as Unknown.

Please click here in case the product is not available in the list	Drug Brand Name	Generic Name	Manufacturer Name	Other Brand Name	Other Generic Name	Other Manufacturer Name	Other Strength	Strength	Dose and Frequency	Drug Classifications	Expiry Date	Lot number	Container Type and Size	Therapeutic Category

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Medication Involved in Event

If you aren't aware of the Brand Name then please check the box below then fill the "Other Brand Name" as Unknown.

☐ PLEASE CLICK HERE IN CASE THE PRODUCT IS NOT AVAILABLE IN THE LIST

DRUG BRAND NAME: *

GENERIC NAME: *

MANUFACTURER NAME:

STRENGTH:

DOSE AND FREQUENCY:

DRUG CLASSIFICATIONS:

EXPIRY DATE:

LOT NUMBER:

CONTAINER TYPE AND SIZE:

THERAPEUTIC CATEGORY:

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Attachment

The following documents are optional (please note some documents could be mandatory when requested by DOH):
- Others

The maximum file size allowed is **50 MB**.

Name	Type	Size	Latest Update	Action