**TABLE 1:** If you mark **YES** to any of the questions **OR** if the reporting source is unable to answer the questions in **TABLE 1,** consider accepting as a referral.

|  |  |  |
| --- | --- | --- |
| **TABLE 1** | YES | NO |
| Did the medication error(s) involve more than 1 patient / resident? |  |  |
| Was more than 1 dose involved in the medication error? |  |  |
| Did the medication error involve more than 1 day? |  |  |
| Was more than 1 medication missed? |  |  |
| Was the medication error the result of staff not having the medicine available to give? |  |  |
| Did the medication error involve a narcotic?  |  |  |
| Was there a change in the behavior / medical condition of the person as a result of the medication error? |  |  |
| Was there a resident to resident altercation after the medication error? |  |  |
| Was there a change in the required level of supervision after the medication error? |  |  |
| Did the person receive medical treatment after the medication error? |  |  |
| Was the medication given to the wrong patient / resident? |  |  |
| Was the medication given at the wrong time? |  |  |
| Was the medication given at the wrong dose? |  |  |
| Was the medication given after the physician gave an order to discontinue the medicine?  |  |  |
| Is there a potential the medication error caused a death?  |  |  |

**TABLE 2:** If you mark **NO** to any of the questions **OR** if the reporting source is unable to answer the questions in **TABLE 2**, consider accepting as a referral.

|  |  |  |
| --- | --- | --- |
| **TABLE 2** | YES | NO |
| Was the physician or physician extender notified at the time of the medication error? |  |  |
| Was there a physicians’ order for the medication?  |  |  |
| Were the family / responsible party notified of the medication error? |  |  |
| Was the person administering the medication certified or licensed in the state of Kentucky? |  |  |
| Was the medication error discovered on the same day that the error occurred? |  |  |
| Has the Pharmacist reviewed the patient’s medications within the last month? |  |  |

RED FLAG / HIGH ALERT MEDICATIONS: INSULIN OR BY MOUTH MEDICINE FOR DIABETES, BLOOD THINNER, DIURETICS (FLUID PILLS), HEART MEDICINE / BLOOD PRESSURE MEDICINE, SEIZURE MEDICINE, ANTIBIOTICS, ANTI-PSYCHOTICS, NARCOTICS (any and all)