

## Appendix B: Medication administration errors observation form

Medication errors observation form:

Date and time: .....-..... - 20..... .....

Hospital: .....

Ward: .....

Patient number and gender:

.....M/F .....

Date of birth: .....

Nurse name: .....

Prescribed drug name, form and strength: ....

.....

.....

Dosage form given:

- Tablet
- Capsule
- Oral liquid
- Suppository/enema
- Injection
- Infusion
- Patch
- Ointment/cream etc.
- Eye/ear/nose drop

- Inhalation
- Other, namely.....

Strength of medication given: .....

Time-window:

- Time given .....
- Standard time (window 60 minutes before, 60minutes after the scheduled gift of medication)

Route of administration given:

- oral
- oral by gastric feeding tube
- rectal
- dermal
- local
- intravenous
- intramuscularly
- subcutaneous
- inhalation
- transdermal
- other, namely.....

Number of tablets/capsules/suppositories given: .....

Injection-/infusion rate: .....

