## Mississippi Department of Human Services Division of Youth Services

| MEDICATION ERROR REPORT  |                                |                           |                           |
|--|--------------------------------|---------------------------|---------------------------|
|  | DYS No.                        | Living Unit               |                           |
| Youth Name:  |                                |                           |                           |
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|  |                                | 1                         |                           |
| Signature and Title of Person Completing This Section  |                                | Date                      | Time AM                   |
| •  |                                |                           | PM                        |
| Physician's Findings and Actions, following your assessmen   | nt of the youth.               |                           |                           |
| and recording the recording for the recording for the recording to the rec |                                |                           |                           |
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| Signature and Title of Person Completing This Section  |                                | Date                      | Time                      |
|  |                                |                           | AM<br>PM                  |
|  |                                |                           | 4 641                     |
| Supervisor's Evaluation of Error Incident - Include cause similar nature.  | and action taken; indicat      | e corrective measures to  | prevent turther errors of |
|  |                                |                           |                           |
|  |                                |                           |                           |
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|  |                                |                           |                           |
| Signature and Title of Person Completing This Section  |                                | Date                      | Time                      |
|  |                                |                           | PM                        |
| Conclusive Findings/Recommendations - What processes v   | vere identified that need a    | analysis or improvement   | -                         |
| Conclusive 1 indings/recommendations - write processes a   | , of o table filed that heed i | inacjalo or tarpe or once | •                         |
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| Signature and Title of Person Completing This Section  |                                | Date                      | Time                      |
| Signature and Title of Feison Completing Tills Section   |                                | , 2000                    | AM                        |

Effective: 07/01/06 Page 1 of 1 Revised: 07/01/08, 1/15/11