

_____ (name of RCHD)
Medication Risk Management Report (*Incident/Risk)

1. Particulars of the Residents¹ Affected

Name: _____ Age: _____ Sex: _____ Bed no.: _____ HKIC no.: _____
 Name: _____ Age: _____ Sex: _____ Bed no.: _____ HKIC no.: _____

2. Consequences of the Medication Incident/Risk²

Name: _____ Impact on medical condition: _____ Treatment: _____
 Name: _____ Impact on medical condition: _____ Treatment: _____

3. Nature of the Incident/Risk

Nature of the incident/risk	Without errors	With errors	Supplementary information
Resident	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs and formulation	<input type="checkbox"/>	<input type="checkbox"/>	
Dosage (including dosage missed or duplicated)	<input type="checkbox"/>	<input type="checkbox"/>	
Time of giving drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Method of giving drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Others _____			

4. Details of the Incident/Risk

5. Residents' Family Members Notified

Name of resident: _____ Name of family member: _____ Date and time: _____
 Name of resident: _____ Name of family member: _____ Date and time: _____

6. Immediate Follow-up Actions Taken

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7. Possible Reasons Leading to the Medication Incident/Risk³

Possible reasons leading to the medication incident/risk (may choose more than one item)	Supplementary information
<input type="checkbox"/> Information on drug labels (Unclear information such as resident’s name, drug name, formulation, dosage, frequency/time of use, method of use)	
<input type="checkbox"/> Storage of drugs (Deterioration of drugs, expiration of drugs, chaotic position, etc.)	
<input type="checkbox"/> Assistive devices (Wear and tear of medicine cups/boxes, unclear labels, dirty drug crushing tools, etc.)	
<input type="checkbox"/> Environmental factors (Work affected by insufficient light or other environmental factors)	
<input type="checkbox"/> Knowledge and skills (Failing to comply strictly with “3 Checks and 5 Rights”, etc. when preparing, checking and giving drugs)	
<input type="checkbox"/> Drug records (Records not updated, records omitted, drug allergy history omitted)	
<input type="checkbox"/> Communication with the residents (Failing to understand the residents’ needs, failing to explain clearly, etc.)	
<input type="checkbox"/> Staff and drug handling (Division of work, work flow, etc.)	
<input type="checkbox"/> Others	

8. Recommendations on How Reoccurrence of Similar Events can be Prevented

9. Particulars of Informant

Name: _____ Post: _____
 Signature: _____ Date: _____

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10. Follow-up Report by the Home Manager

Name: _____ Post: _____
 Signature: _____ Date: _____

Remarks:

*Please delete as appropriate

Incident: any events that should be handled immediately to protect the health or safety of residents

Risk: potential risks that have not endangered residents' health, e.g. drugs are almost given erroneously

¹**Residents affected:** residents who have almost taken drugs erroneously, or residents who have not used drugs correctly

²**Consequences of the medication incident/risk:**

Impact on medical condition: Use timely averted/no discomfort observed/discomfort experienced/death

Treatment: Under observation/sent to clinic for treatment/attended by visiting medical practitioners/hospitalised for treatment

If the medication incident is of a serious nature, i.e. the residents affected have to be hospitalised for treatment, the person-in-charge of the residential care homes should report to the Licensing Office of Residential Care Homes for the Elderly or the Licensing Office of Residential Care Homes for Persons with Disabilities within 3 days by submitting the "special incident report" together with the "medication risk management report".

³**Possible reasons leading to the medication incident/risk:** other observations found apart from the direct causes can also be filled in.