

MEDICATION ADMINISTRATION

Incident Investigation Worksheet

Structured documentation for Clinical Leaders and Care Coordinators in Assisted Living.



SECTION 1 - INCIDENT DETAILS			
Date of Incident <i>MM/DD/YYYY</i>		Time of Incident	
Resident Name		Resident Room / Unit	
Staff Member(s) Involved		Shift	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night
Medication Involved		Reported by	
Community Name			

Brief Description of what occurred:

SECTION 2 – RIGHTS ANALYSIS: WHICH RIGHT WAS MISSED?

For each right, indicate whether it was followed, not followed, or not applicable to this incident. Add notes on the right side for any right where a failure or gap contributed to the incident.

Right	What to Verify	Was it Followed?	Notes / Contributing Factors
Right Resident	Identity confirmed using two identifiers before administration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Right Medication	Medication name matched active physician order exactly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Right Dose	Dose matched current order; correctly calculated if measured	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Right Route	Route confirmed in active order before administering	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Right Time	Administered within accepted window; actual time documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Right Documentation	Administration event documented completely and accurately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Right Reason	Indication tied to active care plan and current diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Right Response	Resident response observed and documented after administration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Primary right(s) missed in this incident	
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SECTION 3 – CONTRIBUTING FACTORS

Check all that contributed to this incident:

<input type="checkbox"/> Staff was unfamiliar with the resident	<input type="checkbox"/> Medication order was recently changed
<input type="checkbox"/> Agency or temporary staff member	<input type="checkbox"/> Pharmacy order was delayed or incomplete
<input type="checkbox"/> High resident-to-staff ratio at time of incident	<input type="checkbox"/> eMAR alert was not reviewed before administration
<input type="checkbox"/> Interruption during medication pass	<input type="checkbox"/> Paper backup was used instead of eMAR
<input type="checkbox"/> Inadequate handoff / shift change communication	<input type="checkbox"/> Resident declined medication but refusal was not documented
<input type="checkbox"/> Staff skipped identity verification step	<input type="checkbox"/> Similar medication names caused confusion
<input type="checkbox"/> Documentation completed after the fact, from memory	<input type="checkbox"/> Other (describe in notes below)

Additional notes on factors	
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SECTION 4 – IMMEDIATE RESPONSE

For each right, indicate whether it was followed, not followed, or not applicable to this incident. Add notes on the right side for any right where a failure or gap contributed to the incident.

Action	Taken?	Notes / Time / Name
Physician or prescriber notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident assessed following incident	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family or responsible party notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident documented in eMAR / clinical record	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmacy notified (if medication-related)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor or leadership notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor or leadership notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor or leadership notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5 – CORRECTIVE ACTION AND FOLLOW-UP

Corrective Action	Responsible Party	Target Date

Completed By	Title / Role	Date Completed
Reviewed By (Clinical Leader / Supervisor)	Date Reviewed	

This worksheet is a clinical reference tool. It does not replace facility incident report requirements, physician notification obligations, or applicable state reporting regulations.

Most medication administration incidents are preventable.

Eldermark eMAR builds the 8 rights into every medication pass, with real-time alerts, complete audit trails, and documentation that closes the loop across every shift.

SCAN ME



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