

# Quality Related Event Documentation

## I. QRE Prescription Data Prescription No.: \_\_\_\_\_

Attach copy of: prescription  label  photo copy of vial  (mark all available)

## II. QRE Data

QRE Type: (select all that apply)

### A. Prescription processing error:

- (1) Incorrect drug
- (2) Incorrect strength
- (3) Incorrect dosage form
- (4) Incorrect patient
- (5) Inaccurate or incorrect packaging, labeling, or directions
- (6) Other: \_\_\_\_\_

### B. A failure to identify and manage:

- (1) Over/under-utilization
- (2) Therapeutic duplication
- (3) Drug-disease contraindication
- (4) Drug-drug interactions
- (5) Incorrect duration of treatment
- (6) Incorrect dosage
- (7) Drug-allergy interaction

### C. Packet errors

- (1) extra/short tab
- (2) Other \_\_\_\_\_

Prescription was received by the pharmacy via:  telephone  written  computer  fax

Prescription was:  new  refill

## III. QRE Contributing Factors

Day of the week and time of QRE: \_\_\_\_\_

# of new prescriptions: \_\_\_\_\_ # of refill prescriptions: \_\_\_\_\_ RPh to tech ratio: \_\_\_\_\_

RPh staff status:  regular staff  occasional/substitute staff

# of hours RPh on duty: \_\_\_\_\_ Average # of prescriptions filled per hour: \_\_\_\_\_

# of other RPh's on duty: \_\_\_\_\_ # of support staff on duty: \_\_\_\_\_

Describe preliminary root contributors:

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Describe remedial action taken:

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Name and title of preparer of this report: \_\_\_\_\_

Date \_\_\_\_\_