

**Group Activity: Problems with Nick**

You gave Nick his dose of amoxicillin at noon and recorded it. At 12:30, you note that Nick is scratching his arms and he is developing a rash on his arms. He is happy and playful and is not having any breathing difficulties. You notify his parent who calls his health care professional. Nick is picked up at 1:00 and is brought to the health care professional's office where he receives Benadryl®. His amoxicillin is discontinued and he is given a new antibiotic.

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**Group Activity: Problems with Nick**

**Medication Log**  
**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

Name of child \_\_\_\_\_ Weight of child \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

*Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.*

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

<b>RETURNED</b> to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
<b>DISPOSED</b> of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		

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**Medication Incident Report**

Date of report \_\_\_\_\_ School/center \_\_\_\_\_

Name of person completing this report \_\_\_\_\_

Signature of person completing this report \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Classroom/grade \_\_\_\_\_

Date incident occurred \_\_\_\_\_ Time noted \_\_\_\_\_

Person administering medication \_\_\_\_\_

Prescribing health care provider \_\_\_\_\_

Name of medication \_\_\_\_\_

Dose \_\_\_\_\_ Scheduled time \_\_\_\_\_

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken/intervention \_\_\_\_\_

Parent/guardian notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name of the parent/guardian that was notified \_\_\_\_\_

Follow-up and outcome \_\_\_\_\_

Administrator's signature \_\_\_\_\_