

Date: _____ Prescriber Name: _____ Bleep: _____
 Grade: _____ Educational Supervisor / consultant: _____
 Ward area: _____ Error stage: Admission Throughout stay Discharge

| | | |
|--|--|---|
| What happened? | | |
| What is the potential Risk? | Why do you think it happened? | What can you do to prevent it happening again? |
| | | |
| What have you learnt from this? | | |
| | | |

Pharmacist Signature: _____ Date _____

Prescriber signature: _____ Date _____

*Doctor to include reflective statement on prescribing in portfolio of evidence for professional development.