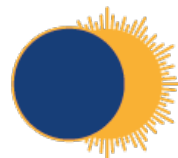


## Medicine Incident Reflective Form

For use by Registered Nurses and Nursing Associates following a medication error



Royal Hospital for  
Neuro-disability

### Guidance:

- This form is designed to promote learning and improvement rather than blame.
- Complete this reflection honestly to help identify areas for development and system improvement.
- Seek support from your clinical supervisor if needed.
- If required, discuss this incident as part of professional development and revalidation.

### Section 1: Details

**Full Name:**

**Role:**

**Ward:**

**Date of Incident:**

**Time of Incident:**

**Location:**

**Datix Number (if applicable):**

### Brief Description of the Medication Incident:

(Provide a factual and objective summary of what happened)

### Type of Medication Error (tick all that apply):

- ☐ Wrong Medication
- ☐ Wrong Dose
- ☐ Wrong Time
- ☐ Wrong Patient
- ☐ Wrong Route
- ☐ Missed Dose
- ☐ Documentation Error
- ☐ Other (please specify): \_\_\_\_\_

### How was the error identified?

(Provide information on actions taken once the error was identified?)

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### Section 2: Reflection Using Gibbs' Reflective Cycle

#### 1. Description

What happened? Provide a detailed account of the incident.

#### 2. Feelings

What were your thoughts and feelings at the time of the incident and after it occurred?

#### 3. Evaluation

What was good and bad about the experience? What went well, and what could have been improved?

#### 4. Analysis

Why do you think the incident happened? Consider factors such as workload, environment, communication, or system issues.

#### 5. Conclusion

What could have been done differently? What have you learned from the experience?

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### 6. Action Plan

What steps will you take to prevent a similar incident in the future? What support might you need?

### Section 3: PSIRF (Patient Safety Incident Response Framework) Considerations

#### System Factors:

- ☐ Workload/Staffing Levels
- ☐ Equipment/Technology
- ☐ Communication/Teamwork
- ☐ Training/Competency
- ☐ Policies/Procedures
- ☐ Environmental Factors
- ☐ Other (please specify): \_\_\_\_\_

#### Was a supportive debrief held?

- ☐ Yes
- ☐ No

#### Did you feel supported by your team/manager?

- ☐ Yes
- ☐ No

#### How can the organisation support learning from this incident?

### Section 4: Review and Sign-Off

#### Completed By (RN/NA Name):

Date:

#### Reviewer (Line Manager/Educator):

Date:

#### Follow-up Actions/Support Provided:

(Line Manager or Clinical Educator to complete)

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