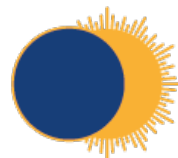


Medicine Incident Reflective Form

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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