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| Employee Notice for Medication Error Review and Training |

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| Employee Name |  | Date of Notice |  |
| Program |  | | |

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| Date of Incident | Time of Incident | Type of Error |
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| **TYPE OF ERROR PATTERN NOTED BY RN/LPN and DESCRIPTION OF ERROR(S):** |

**\*Nurse discretion will be used in discussion with the ADM to determine if termination and/or**

**disciplinary action is appropriate depending on seriousness of Medication/Treatment error. \***

I have read this Employee Notice and understand it.

**EMPLOYEE STATEMENT**

\_\_\_ I agree with Nurse’s Statement.

\_\_\_ I disagree with Nurse’s description of violation.

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| The reasons are: |

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nurse Who Issued Notice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_