

**For discussion on
28 June 2005**

**Legislative Council Panel on Health Services
Separation of Prescribing from Dispensing of Drugs (SPD)**

Purpose

This paper briefs Members on the Administration's view on the separation of prescribing from dispensing of drugs (SPD).

Meaning of the term

2. There are various interpretations for the term "Separation of Prescribing from Dispensing of Drugs" (SPD). In the present paper, the term is taken to mean that the doctor's dual role of disease diagnosis with prescription and drug dispensing is to be separated. The doctor will assume the role of disease diagnosis with prescription only, leaving the role of drug dispensing to an independent person (a pharmacist or a trained dispenser) who will do so according to the direction of the doctor written in a prescription.

Previous discussions on the subject

3. The subject of SPD was first discussed in 1979. In October 1980, a Working Party⁽¹⁾ was formed to study the subject, among other issues relating to pharmacy practice, and a Report was released in June 1982. The Working Party suggested that the status quo concerning drug prescription and dispensing should remain.

4. Questions on the subject were raised by Legislative Councillors on two occasions in 1995 and 1999. The Administration has expressed the views below:

⁽¹⁾ The Working Party on the Practice of Pharmacy and Ancillary Matters was appointed by the then Governor in October 1980 to examine legislation relating to the employment of pharmacists, their works and responsibilities, qualifications, training requirements, etc.

- the existing practice in Hong Kong has worked well for many years;
- patients can, if they so wish, request the doctor to issue a prescription to be dispensed by a pharmacist;
- doctors in some countries like Singapore and Japan dispense medicines;
- SPD is practised in countries like UK and USA where there is a health insurance system for the reimbursement of drug costs;
- it is not known if any country has laws to prohibit doctors from dispensing drugs;
- SPD would require many more pharmacists than we currently have.

The Current Situation

5. SPD has for many years been in practice in public hospitals and clinics, and in private hospitals. These together provide the bulk of the drug dispensing activity in Hong Kong. In the context of medical practitioners rendering services in private clinics, they can dispense drugs or make prescriptions for patients to obtain the drugs in community pharmacies.

6. It is noted that SPD, if to be implemented in medical consultation at private clinics, could encourage those medical practitioners to spend more time with patients on their diseases and illnesses. Pharmacists at pharmacies could provide better safeguard against dispensing errors, and could provide patients with more drug information and treatment advice, thereby improving drug treatment compliance and therapeutic outcome.

7. As in the case of other professions, the regime governing the medical profession is based on the self-regulatory principle. The Medical Registration Ordinance provides the legislative framework for the registration of medical practitioners in Hong Kong as well as the regulation of professional practice and conduct. The Medical Council is a statutory body set up under the Ordinance to regulate the profession.

8. Safe drug dispensing is of primary concern to the Medical Council of Hong Kong. Under the Professional Code and Conduct promulgated by the Medical Council of Hong Kong, it is mentioned that professional responsibilities to patients include, amongst others, use of drugs in the course of clinical practice of a registered medical practitioner. Disregard of professional

responsibilities may be taken as professional misconduct. The Code also sets out, as noted by the Administration, that a medical practitioner who improperly delegates to a person his duties is liable to disciplinary proceedings, and the proper employment of persons trained to perform specialised functions is acceptable provided the medical practitioner concerned exercises effective personal supervision over the persons so employed and retains personal responsibility for the treatment of the patient.

9. In hospital pharmacies, a system is in place to minimize any risk of dispensing errors. A Report on Drug Administration Procedures Practices in Public Hospitals was compiled by the Hospital Authority (HA) in 2000. The Report provides guidelines for HA staff involved in drug prescribing, dispensing and administration to ensure patient safety, system efficiency and quality control in drug administration.

10. Pharmacies in the community are registered by the Pharmacy and Poisons Board as authorized sellers of poisons (ASP). There are various legislations related to the sale of drugs and that the Code of Practice for ASP sets out guidelines on matters including the dispensing of prescriptions. Sale of a prescription drug without prescription, sale of a cough medicine without pharmacist supervision, or sale of an unregistered pharmaceutical product are criminal offences liable to prosecution and disciplinary actions by the Pharmacy and Poisons Board.

Recent Development

11. In response to recent community concern over a case of prescription of drug by a doctor in private practice, the Medical Council has set up a Working Group to review ways and means to ensure the safe dispensing of drugs in doctors' private clinics. The Working Group will report to the Council on its findings and recommendations in due course.

12. The Hong Kong Medical Association (HKMA)² has also established a Task Force to review the dispensing practice in private doctors' clinics. A guideline is being finalized for distribution to doctors, and an advanced draft

² The HKMA is the largest professional body for medical practitioners registered in Hong Kong. It has a membership of about 6 500.

has been circulated to members electronically. The guideline highlights the importance of putting in place an effective system of safe dispensing with checking and double-checking of all dispensed medicine, and for doctors to take charge of the system and supervise all clinic staff to adhere to it. A copy of the draft guideline (copy at Annex) has also been issued to the Medical Council for reference. HKMA is finalizing the guideline, with a view to formally issuing it to its members next month.

13. Separately, a number of courses are being organized to provide training to clinic assistants and other clinic staff who are involved in the dispensing process. These courses come in different modules to cater for the different needs of the clinic staff. The Hong Kong Institute of Vocational Education, College of Nursing, Hong Kong, and the Open University of Hong Kong are among some of the organizers.

The Administration's View

14. Currently, patients already have the choice of asking the doctors at private clinics for a prescription to be filled by a pharmacist. As SPD could have far-reaching implications on the current role of doctors in solo-practice, manpower demand for pharmacists, medical spending of the public, etc, and could involve a major change of patient behaviour, the matter would require a thorough discussion by the concerned stakeholders and the community as a whole. A consensus should be reached by members of the community before any major change should be made. The Administration will continue to listen to views and engage parties concerned in the discussion.

Health, Welfare and Food Bureau
June 2005



THE HONG KONG MEDICAL ASSOCIATION

GOOD DISPENSING PRACTICE MANUAL

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1 PREFACE

The Hong Kong Medical Association has formed a working group to review the process of dispensing and to make recommendations on safety in dispensing. We have come to the conclusion that an effective system of safe dispensing with checking and double-checking of all dispensed medicine is very important. The doctor should be in charge of the system and be able to supervise all clinic staff to adhere to the system. It is the doctor's responsibility to ensure that the drugs are properly dispensed to the patient. The system should be updated regularly and the importance of adherence be monitored and stressed regularly.

One of the important steps we emphasize is that medications be double-checked by doctors before dispensing. We also try to identify each and every step which could go wrong in the process. Some of them might seem trivial. However a chain would break in its weakest link. The presumption is that human error cannot be eliminated completely. So what can be done is to pick up errors by cross-checking and to prevent the result of mishaps from happening. To identify more steps which could go wrong and to take precautions would help to minimize the burden of wrongful events flowing to the more important steps.

The following serves to provide some general guidance and each user should review his own system according to individual setting with his staff.

2 THE PREMISES

The premises on which a dispensing service is provided would reflect the quality of service and inspire confidence in the nature of the health care that is delivered. Every dispensing staff is recommended to maintain the premises in a clean and tidy manner.

1. Safety

Working conditions are recommended to be so arranged as to take into consideration the safety and health of the public and people working on the premises. Guidelines on the Occupational Safety and Health Ordinance should be adhered to.

2. Condition

The walls, floors, windows, ceiling, woodwork, drainage and all other parts of the premises are recommended to be kept clean and hygienic by regular cleansing with appropriate agent to prevent, as far as is reasonably practicable, any risk of infestation and contamination. Waste should be properly kept and timely disposed of. Walls are recommended to be finished in a smooth impervious material.

3. Tidiness

All parts of the premises are recommended to be maintained in an orderly and tidy condition.

4. Environment

Pharmaceutical products are recommended to be protected from the adverse effects of light, freezing or other temperature extremes and dampness. Levels of light, heat, noise, ventilation, etc., are recommended not to exert adverse effects on personnel.

5. Size

Dispensaries in clinics would be designed to accommodate the anticipated increase in workload. In dispensaries with space constraints, maximization and effective use of available space by good planning could be explored.

6. Security

Careful consideration is to be given to the overall security of the dispensary and the stores. Special attention must be paid to the Dangerous Drugs Stores, which must be kept separately from other drugs and be locked properly.

3 DISPENSARY DESIGN AND EQUIPMENT

The dispensary, its fittings and equipment should be adequate for the purpose of dispensing.

Working surface and shelves

Working surfaces, cupboards and shelves need to be in a good state of repair and in a clean and tidy condition. They are recommended to be smooth, washable and impervious to moisture. A clear area of bench space is recommended to be set aside for dispensing. Food and drinks are recommended to be kept away from the working area.

Water supply

The dispensary is recommended to be provided with distilled and/or purified water.

Dispensing equipment

All dispensing equipment is recommended to be of suitable material, clean and in a good state of repair. Below is a suggested list and can be extended according to the requirements of individual dispensaries:

1. Tablets and capsules counting devices. They should be cleaned regularly so that cross contamination between products is avoided.
2. A range of graduated, stamped/or plastic measures.
3. A refrigerator equipped with a maximum/minimum thermometer and capable of storing products at temperatures between 2°C and 8°C. The refrigerator needs to be cleaned and checked periodically to ensure efficient running.

4. A suitable range of dispensing containers for pharmaceutical products with separate sets for internal and external use

4 STORES PROCUREMENT AND STOCK MANAGEMENT

Stores procurement

The Doctors or Dispensers in-charge are responsible for the requisition of pharmaceutical stores. Orders for drugs are recommended to be made in writing via post or fax by the doctor. All drugs should be checked and receipts signed by the doctor upon delivery of the drugs. (A sample order form is attached on P. 12 for reference)

Stock management

The purpose of good stock management is to bring about a safe and effective dispensing service. Over-stocking of stores should be avoided and optimum stock quantities should be maintained to ensure a continuous supply. To ensure proper stock management, the following measures are recommended:

1. To ensure that the correct medicine is received:
 - a. The medicine label, including the expiry date, should be checked before receiving stores.
 - b. Unlabelled medicines should be rejected and the supplier should be informed of it.
2. To avoid mixing-up of medicines:
 - a. The label of a medicine should be checked before putting it on the shelf.
 - b. Similar looking medicines should be stored separately from each other.
 - c. Internal medicines should be stored separately from external medicines.
 - d. Staff should be notified if the shape and/or colour of any medicine has been changed.
 - e. Expired medicines should be labeled properly and put aside for proper disposal as chemical waste according to the guidelines of the Environmental Protection Department.
3. To avoid product deterioration:
 - a. Medicines should be stored in a clean and good condition.
 - b. The temperature of the store and the refrigerator should be regularly checked.
4. To ensure effective use of stock:
 - a. Stock rotation should be carried out right after stores receiving.
 - b. The expiry dates of medicines should be regularly monitored.
5. To ensure safe custody of Dangerous Drugs:
 - a. Dangerous Drugs should be stored separately under lock and key.

5 THE DISPENSING OF MEDICINE

Dispensing includes all of the activities, which occur from the time the prescription is received in the dispensary until the medicine or other prescribed items have been collected by the patients. It therefore includes: the review of the prescription; any action taken to address concerns so identified; the correct dispensing of the medicine in an appropriate container with a correct label; and the provision of information and advice as appropriate.

Supervision of dispensing

Doctor in clinic is responsible for supervising drug dispensing.

The doctor should ensure that a dispensed product will still be within the expiry date at the end of the treatment period, where this is predictable.

Counselling/information and advice

When a medicine is supplied to a patient, information should be given to the patient or his/her agent to enable the correct and effective use of the medicine. Most importantly, is recommended to make sure that the directions on the label of the dispensed medicines are understood. Relevant information pamphlets may be provided to the patient as appropriate.

Dispensing containers

1. All containers intended for medicinal products should be properly stored and free from contamination.
2. All stock bottles should be regularly cleansed or replaced when necessary.

Labelling of dispensed medicines

Labelling of dispensed medicines should be clear and legible. All medicines should normally be labeled with the following particulars:

- a. name of doctor or means of identifying the doctor who prescribes the medication;
- b. a name that properly identifies the patient;
- c. the date of dispensing;
- d. the trade name or pharmacological name of the drug;
[If a generic drug is used, a doctor may add the term "generic substitute for (name of patent drug)" on the label to further facilitate identification of the generic drug. Reference could be made to the "Compendium of Pharmaceutical Products" which lists all the drugs registered in Hong Kong and is published by the Department of Health.]
- e. the dosages, where appropriate;
- f. the method and dosage of administration; and
- g. precautions where applicable.

Storage

1. Medicines are recommended to be stored in the manufacturer's original containers. If, in exceptional cases, the contents need to be transferred to other containers, care must be taken to avoid contamination and all relevant information should be clearly marked on the new containers. Furthermore, cross checking should be undertaken by another staff whenever possible, or double-checked by the staff himself/herself. Care should be taken to avoid mixing up products of different batches.
2. All medicines should be stored under suitable conditions, appropriate to the nature and stability of the material concerned. They should be protected from contamination, sunlight, moisture and adverse temperatures.
3. Any substances which have deteriorated, or which have reached their expiry dates should be segregated for proper disposal as chemical waste.

Reuse of medicine

Under no circumstances should medicines brought in by patients be accepted for reissue to other patients.

Defective medicines

1. Doctors are recommended to inform the drug companies of hazards, which come to their attention, in particular suspected defective or counterfeit medicines for return.
2. Examples of defective medicines are: foreign bodies embedded in tablets, mould or glass visually seen in vials of injections, abnormal odour and colour variation detected in tablets, etc.

Dispensing procedure

The dispensing of prescriptions involves both interpretation of the prescriber's instructions and the technical knowledge required to carry out these instructions with accuracy and safety to the patient. There is a considerable variety of factors that require close attention in dispensing, and proficiency requires the establishment of a routine system which can be followed safely even under stress. The following is a useful basis for the development of a satisfactory routine:

1. Filling of prescription
 - a. Match the labels with the prescription.
 - b. Select the appropriate containers or envelopes.
 - c. Read the label on the drug bottle when selecting the drug. Ensure that the drug to be dispensed will not expire within the period of treatment.
 - d. When dispensing capsules or tablets, count out the correct number of the capsules or tablets.

- e. The labels of all containers of stock drugs, should be checked when selected from and replaced in stock, as well as at the time of actual dispensing, making three checks in all.
 - f. Attach the label neatly, rechecking the directions against the prescription as you do so.
 - g. Decide whether any additional labelling is required.
 - h. It is important that the prescription must be filled not against the generated labels, but against the prescription.
 - i. Always handle one prescription at one time.
2. Issuing of drugs
- a. Ask the patient to give his/her name and check his/her name with that on the prescription. If in doubt, ask for HK Identity Card or proof of identify for identification.
 - b. Check drug labelling details against the prescription.
 - Correct patient's name
 - Drug name
 - Dose
 - Route
 - Frequency
 - c. Check the right drug and right quantity against the prescription.
 - d. Counsel patient or his/her guardian on proper use and storage of prescribed drugs.
 - e. Issue drug information pamphlets, if required.
 - f. effects where appropriate.

The principle of three checks and seven rights

In dispensing, the following principle of “three checks and seven rights” should always be observed. These are:

1. First check of the container label before taking container from the shelf.
2. Second check of the container label against the prescription during actual dispensing.
3. Third check of the container label before putting the container away.
4. Right patient
5. Right drug
6. Right dose
7. Right route
8. Right frequency
9. Right container
10. Right Date

6 INCIDENT REPORTING

Complaints made against the dispensary service

When there is a complaint made against the dispensing service, the doctor is recommended to investigate and find out the nature and cause of the complaint. Prompt feedback to the patient and apologise as appropriate are recommended.

Medication errors

Medication error is defined as any deviation from the physician's intended prescription. It can occur in any step from prescriptions to the actual administration of drugs to patients.

The contributing factors to medication errors include illegible handwriting, misinterpretation of abbreviations, misreading of label, carelessness, distraction, failure to follow procedures, mathematical errors in dosage calculations and lack of drug knowledge.

Medication errors associated with prescribing could be due to:

- a. Sloppy, illegible handwriting of the physician.
- b. Ambiguity or abbreviations resulting in misinterpretation.
- c. Prescribing the wrong or inappropriate drugs, dosage, frequency or route of administration.

Medication errors associated with dispensing could be due to:

- a. Labelling errors where the label does not match the content of the drug product.
- b. Misreading prescription leading to dispensing of a wrong drug or a correct drug in wrong strength, dosage form or quantity.
- c. Dispensing to one patient the drugs intended for another patient.

Medication errors can have damaging effects on patients. The magnitude of risk will depend on the potential toxicity of the drug, the route of administration, the amount administered and the clinical status of the patient. Instead of the desired therapeutic effect, it can have fatal effects on the patient. The liability implications can be high and the widespread public attention will have negative impact on the Doctor. Needless to say, unnecessary suffering and loss of patients' lives cannot be measured in monetary terms.

Dispensing errors

Dispensing error includes any of the following: dispensing of wrong drug, wrong dosage form, wrong strength, wrong quantity, wrong label information, drug omission, double dispensing and dispensing the drug to the wrong patient.

Incident management

When a major incident of dispensing error occurs, it is vital that staff follow an established procedure for responding. The Doctor is judged not only by the details of the incident, but also by the response to it. The first priority must be an appropriate clinical response to the incident. The well being of the patient is the most important, and mistakes must be immediately acknowledged and the appropriate clinical intervention initiated.

All staff must be aware of their responsibilities to respond both clinically and administratively.

Attitude towards patient

When a patient has to be contacted for correcting a dispensing error, he/she should be provided with information about what has occurred and an apology given. Even though the full details may be uncertain, it is still important to assure the patient that Doctor will be thorough in its investigation, and open and honest in its communications. Always be frank with the patient and remember that their well-being is the most important.

If the patient has taken the medicine, inform the Doctor for medical assessment of the patient. Ensure that all patients whom may be affected are contacted.

Dispensing error reported by patient

1. In the event that the dispensing error is reported by the patient, find out the nature of the error and ask whether the patient has taken the medicine.
2. If the patient has not taken the medicine, apologise to the patient and change the medicine for the patient if necessary.
3. If the medicine has been given to other patients, pick out the prescriptions of the affected patients and follow step 2 above.
4. All incidents must be recorded and reported to the Doctor.

Dispensing error detected by dispensing staff

1. In the event that the dispensing error is detected by dispensing staff, investigate on the extent and nature of the error and find out whether the medicine has been given out to patients.
2. If the medicine has been given out to patient, find out if it has been given out to one or more patients. Pick out the prescription(s) of the patient(s) affected. Report to the doctor in order to contact the patient(s).
3. If a patient has taken the medicine, he/she should be referred to the doctor for medical assessment if necessary.

4. If the patient has not taken the medicine, apologise to the patient and change the medicine for him/her.
5. All incidents must be recorded and reported to the Doctor.

Monitoring of dispensing errors

It is important to take measures in the prevention of dispensing errors by improving control systems and following procedural guidelines. It is also beneficial to learn from mistakes that have been committed. In this regard, a voluntary medication incident reporting mechanism is recommended in all clinics to collect information on episodes of dispensing errors and to identify the causes and trends in order to prevent future occurrences. The information collected would be forwarded to the doctors' respective membership association for attention and analysis. Members of the Hong Kong Medical Association can do it on an anonymous basis to the Association Secretariat via e-mail to hkma@hkma.org or via fax to 2865 0943.

Please fill in the attached form (See P. 13) and fax or mail to the Hong Kong Medical Association. Incidences would be collected, analyzed and reported to members on an anonymous basis. You can report to us without giving the names of patients or doctors involved. However it would be more helpful if we could contact the supplier of information.

It is important to take prompt action for any dispensing error so as to limit the damage done to the patient involved, the doctor and the public. Assistance would be provided by the Hong Kong Medical Association and the Medical Protection Society.

The Hong Kong Medical Association

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Medical Protection Society

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E-mail : querydoc@mps.org.uk
Address : Granary Wharf House
Leeds LS11 5PY
United Kingdom

7 EDUCATION, TRAINING AND DEVELOPMENT

All dispensing staff are recommended to avail themselves of all opportunities to undergo continuing education and training. This is necessary to enable them to provide competently the professional services being offered. Members of staff involved in the dispensing process need to be adequately trained for the purpose.

The following courses are being organized:

<u>Course name/duration</u>	<u>Fee/hours</u>	<u>Organized by</u>	<u>Enquiry</u>
Basics in Dispensing & Pharmacy Practice	\$5,000 150 hours	Hong Kong Institute of Vocational Education	2595 8242
Certificate Course on Introduction to Drug Dispensing in Office Clinic	\$800 4 sessions	Federation of Medical Societies of Hong Kong	2821 3511 2821 3512
診所助理深造課程 (藥物學)	\$1,500 30 hours	College of Nursing, Hong Kong	2572 9255
Certificate Course for Medical Clinic Assistants	\$8,000 112 hours	Hong Kong Doctors Union & Open University of Hong Kong	3120 9988

8 RELATIONSHIP WITH PATIENTS, PUBLIC AND OTHER HEALTH CARE PROFESSIONALS

Health care advice to the public should be accurate and appropriate. Dispensing staff are recommended to be prepared and be available to give advice on health related matters and answer enquiries. Try to be patient and courteous at all times. Supervisors should coach staff on courtesy and means to resolving difficulties.

9 ADMINISTRATION AND MANAGEMENT

A sound management structure should be established to ensure the efficient operation of the clinic dispensary. Doctors should adopt an open attitude in management. They should be ready to listen to staff concerns and make improvement as appropriate. Good and effective communication within the clinic is also essential to bring about overall service improvement.

10 ACKNOWLEDGEMENT

The Association is deeply indebted to the following members of the Task Force on Drug Dispensing for their advice and guidance, without which the timely publication of this manual would not have been possible:

Dr. Cheng Chi Man
Dr. Choi Kin
Ms. Anna Wong

Dr. Cheng Man Yung
Dr. Li Sum Wo

Dr. Cheung Hon Ming
Dr. Tse Hung Hing

Medical Products Order Form

From : Dr _____

To : _____

Date : _____

This is to place an order for the following medical product(s):

1. _____

2. _____

3. _____

4. _____

Please confirm by replying to Dr / Ms _____ at _____

Tel : _____ or _____

Fax : _____

(Signature / Chop)

Dr _____

The Hong Kong Medical Association Dispensing Error Incident Report

(Doctor's name not required)

Incident Date

A. Incident for patient type: General Practice Specialty Practice

Description of the incident (What, when, where, how, why - without mentioning names)

.....

B. Incident Reported By Doctor Clinic Assistant Patient Others
Incident Detected By Doctor Clinic Assistant Patient Others

C. Type of Error

Prescribing

- Unclear/Wrong Drug Name
- Wrong Dosage Form
- Wrong Strength/Dosage
- Wrong Duration
- Wrong Frequency
- Wrong Route
- Wrong Abbreviation
- Unclear/Wrong Instruction
- Wrong Patient
- Double Entry
- Others _____

Incomplete Prescription

- Missing Drug Strength
- Missing Dosage Form
- Missing Duration/Qty
- Missing Frequency
- Missing Dose
- Missing whole item claimed by patient
and confirmed with doctor
- Incomplete or missing name of patient
- Missing Date
- Others _____

Dispensing

- Wrong Drug
- Wrong Dosage Form
- Wrong Strength/Dosage
- Wrong Quantity
- Wrong Patient
- Wrong Label Information
- Double Dispensing
- Drug Omission
- Expired Drug Issued
- Others _____

Administration

- Wrong Drug
- Wrong Dosage Form
- Wrong Dose
- Wrong Patient
- Wrong Route
- Wrong Time
- Extra Dose
- Dose Omission
- Others _____

**The Hong Kong Medical Association
Dispensing Error Incident Report (Continued)**

D. Contributing factors to error

- | | | | |
|--|--------------------------|---|--------------------------|
| Inadequate Knowledge or Skills | <input type="checkbox"/> | Stock Management | <input type="checkbox"/> |
| Failure to comply with policies or procedures | <input type="checkbox"/> | Not familiar with Item Code of Drug | |
| Failure in communication/ Misinterpretation of order | <input type="checkbox"/> | Miscalculation | <input type="checkbox"/> |
| Distraction | <input type="checkbox"/> | Wrong Dose Mislabelling | <input type="checkbox"/> |
| Stress | <input type="checkbox"/> | Lack of Supervision | <input type="checkbox"/> |
| Similar Drug Name/Appearance | <input type="checkbox"/> | Illegible Handwriting | <input type="checkbox"/> |
| Transcription | <input type="checkbox"/> | Unclear Prescription | <input type="checkbox"/> |
| Incorrect Computer Entry | <input type="checkbox"/> | Commercial Packaging/ Product Labelling | <input type="checkbox"/> |
| | | Deterioration of Drug/Storage Problem | <input type="checkbox"/> |
| | | Others _____ | <input type="checkbox"/> |

E. Patient Outcome

Incident discovered before medication reaches patients

Incident discovered after medication reaches patient

Patient condition prior to incident: Satisfactory Fair Critical

Action Taken:

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F. Incident Reported to: HKMA Department of Health

G. Remarks:

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