



State of Tennessee
Department of Children's Services

Administrative Policies and Procedures: 20.59

Subject:	Medication Error Guidelines
Authority:	TCA 37-5-105; 37-5-106
Standards:	DCS Model of Practice Standards 2-602, 7-100A, 7-121C
Application:	To All Department of Children's Services Employees, Contract Providers, and Resource Parents

Policy Statement:

Medication errors must be reported to the Department of Children's Services in accordance with the reporting of incidents (see [DCS Policy 1.4, Incident Reporting](#)) to promote continuous quality improvement and best practice for children/youth in DCS custody.

Purpose:

Reporting, managing and tracking medication errors are necessary to: identify causes of errors, provide prompt and thorough healthcare after errors occur, evaluate the severity of errors and to take corrective action to prevent further occurrences.

Procedures:

A. Classification of Harm	<ol style="list-style-type: none"> 1. A medication error is when a medication is not administered according to the prescribing provider and according to DCS policy and procedure. 2. In order to track and quantify medication errors, they will be reported according to severity as described below. <ol style="list-style-type: none"> a) Level I (No harm): Incidents would include errors in which there has been verification from a prescribing provider that no harm has resulted to the child/youth. b) Level II (Low Severity): Incidents would include errors in which a prescribing provider determines that the child/youth needs increased monitoring as a result of the error and no harm resulted. c) Level III (High Severity): Incidents in which medical treatment/intervention or hospitalization is needed due to the potential for harm from the error. If harm is caused from the error, it is of a temporary
----------------------------------	--

	<p>nature.</p> <p>d) Level IV (Life Threatening): Incidents in which errors result in the child/youth suffering permanent harm, near-death (e.g., anaphylaxis, cardiac arrest, etc.), and/or death.</p>
<p>B. Categories of Medication Errors</p>	<p>DCS will use the following categories to define types of medication errors.</p> <p>1. Medication Not Administered</p> <ul style="list-style-type: none"> ◆ Medication unavailable ◆ Failed to administer medication ◆ Child/youth refused medication ◆ Child/youth hid (cheeked) medication <p>2. Medication Administered</p> <ul style="list-style-type: none"> ◆ Wrong Dose: administration of a dose that is greater than or less than the amount ordered by the prescribing provider (or manufacturer’s recommendation for over the counter medications). ◆ Wrong Medication: medication that is contraindicated (e.g., known allergy, harmful interaction with existing medications) or an incorrect medication is given to a child/youth. ◆ Wrong Time: administration of medication more than one (1) hour before or more than one (1) hour after the prescribed administration time. ◆ Expired Medication: administration of a medication that has expired. ◆ No Informed Consent: administration of a psychotropic medication without proper informed consent (see DCS Policy 20.24, Informed Consent).
<p>C. Reporting Medication Errors</p>	<ol style="list-style-type: none"> 1. Medication errors must be reported to the Department of Children’s Services in accordance with the reporting of incidents (see DCS Policy 1.4, Incident Reporting). 2. Medication errors should be reported as close to the time of the incident as possible, but no later than 24 hours after the incident. 3. Medication errors also must be reported within a facility to appropriate staff.
<p>D. Monitoring of Medication Errors</p>	<ol style="list-style-type: none"> 1. DCS Regional Nurses monitor medication errors classified as Level III (High Severity) or Level IV (Life-Threatening).

	<ol style="list-style-type: none">2. The DCS Health Services Coordinator monitors medication errors that occur at DCS Group Homes and Youth Development Centers.3. The DCS Division of Evaluation and Monitoring reviews all incidents, including medication errors, for trending and aggregate reporting.
--	---

Forms:	<p><u>CS-0311 Facility Incident Report</u></p> <p><u>CS-0496, Serious Incident Report</u></p>
---------------	---

Collateral Documents:	<p><u>Dept. of Children’s Services “Standards of Professional Practice For Serving Children and Families: A Model of Practice”</u></p> <p><u>Incident Reporting Manual for Youth Development Centers and DCS Group Homes</u></p> <p><u>Critical Incident Reporting Web-Based Application (YDC’s)</u></p> <p><u>Serious Incident Reporting Web-Based Application</u></p>
------------------------------	---