

Pharmacy Dosing Errors – Recommended Action Plan

PHARMACY NAME _____	Phone _____	Fax _____
Contact Pharmacist (re incident) _____		

CLIENT NAME _____	
OST: Methadone/buprenorphine	Auth/reg no: _____
Address _____	Phone _____
DOCTOR _____	Phone _____

<p>DETAILS OF ERROR Dose prescribed: ___mg ___mL Dose dispensed: ___mg ___mL</p> <p>Time client first dosed: _____ am/pm Second dosed (if double dosed): _____ am/pm</p> <p>Time became aware of the error: _____ am/pm</p> <p>Approx. 80% of methadone is absorbed after 15mins and peaks 4 hours after oral dosing.</p> <p>Pharmacist supervising dosing _____</p> <p>Staff present (for backup or support) _____</p>

ACTION GUIDE	Notify prescribing doctor/CAS yes/no _____
Action recommended by doctor _____	
Phone client directly if possible. Inform of situation and recommend client seeks medical attention by visiting the prescribing doctor or a hospital A&E service. Advise to stay in the company of others able to monitor any changes.	
Time/s phoned: _____ am/pm _____ am/pm _____ am/pm _____ am/pm other _____	
Outcome: _____	
No phone: Check current address. If practicable (with respect to time/distance/known habits), have a staff member visit.	
Outcome: _____	
No phone/no fixed abode: Contact any known close friends or relatives who will know the client's whereabouts _____	
Police: There may be some reluctance to involve the law, however the police are best placed to access information quickly (leading to a person's whereabouts), not usually available to the average citizen.	
Station/Officer contacted: _____	

<p>OUTCOME: _____</p> <p>_____</p>

1. **CONTACT: CAS** on **9442 5042** if you are unsure how to manage the incident or have further concerns.
 In ANY cases of error: PDL 1300 854 838
2. **FILE** this completed Action Plan with the client record.
3. **COMPLETE:** A Pharmacy Incident form **and Fax to:** CPP the prescribing doctor