Patient Safety Project Tracer Topic Data Collection Form (ADMISSION/ DISCHARGE)

Hospital:	Ward:	Data Collection Date:

ADIMISSION ☐ DISCHARGE ☐

Patient	1	2	3	4	5	6	7	8	9	10	Continue on next sheet
Patient Gender (M/F)											
Age											.
Date of admission (D/M/Y)											
Date of Discharge (D/M/Y)											
Acute (A) or Elective (E) admission?											
Medication Hx taken by Dr (Y/N)											
Sources used: 1=patient's own list; 2=patient verbal; 3= family; 4= PODs; 5=MDS; 6=Discharge info; 7=GP; 8=Community Pharmacy; 9=MAR sheet 10=Other; 11=NOT STATED											
Number of patient's regular medicines prescribed initially											
Number prescribed post-pharmacist reconciliation											
Medicines stopped notified of discharge (y/n)											
Medicines started notified of discharge (y/n)											
Tick if NO interventions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Category of Intervention											
Drug Missing (medicine not prescribed)											
Incorrect medicine prescribed											
Dose/strength missing/incorrect											
Route missing/incorrect											
Frequency missing/incorrect											
Timing missing/incorrect											
Formulation/dosage form missing/incorrect											
Allergy status missing/incorrect											
OTC medicines missing from history											
Interaction with existing medication											
Contra-indication to medication											
Patient details missing/incorrect											
Duplications											
Other (give details overleaf)											
TOTAL											
Outcome											
Serious (death; permanent harm)											
IR1/Datix Completed or											
Unknown											
Who Made the Interventions											
Initials											

Please provide brief details for each intervention, overleaf

Please provide details about the interventions made overleaf

Patient	Intervention details (brief): medicine name; what happened; outcome
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	