AVEL eCare | PHARMACY

☐ **Communication Form**

☐ **Discrepancy Report**

Please complete this form an send to Avel Pharmacy Routine Fax Line: 866-371-7310

Patient Name: **Patient ID:** **Hospital:** (Patient label preferred to indicate which facility and patient are involved)	**Date:** **Time:**
Discrepancy Class: Order Entry Discrepancy ☐ Medication Error Doses received:	**Medication Involved:** **Drug Class:**
What Happened? (Type of Discrepancy): ☐ Wrong patient Wrong drug/product Wrong dose Wrong directions (sig/frequency) Wrong route Wrong IV rate Duplicate entry Unapproved abbreviation Med entry omitted Medication not ordered Med discontinued without order Wrong time Formulary sub not used Wrong duration of therapy ☐ Other: ______________________	**Contributing Factors:** (To be completed by Pharmacist) ☐ Policies ☐ Legibility ☐ Processes ☐ Lack of Training ☐ Computer Software ☐ Inadequate Patient Info ☐ Other : ______________________
Severity: ☐ No Harm to Patient ☐ Additional Patient monitoring needed ☐ Change in vital Signs/need for lab work ☐ Treatment needed/increase in stay ☐ Intensive Medical Care ☐ Permanent Patient Harm	**Comments/Communication:** **Signature:** ______________________