

Prescription Related Factor(s)
<input type="checkbox"/> Illegible Handwriting
<input type="checkbox"/> Incorrect Transcribing
<input type="checkbox"/> Use of Non-Standard Abbreviation
<input type="checkbox"/> Use of Brand Name
<input type="checkbox"/> Adding Trailing Zero
<input type="checkbox"/> No Leading Zero
<input type="checkbox"/> Use U Instead of Units
<input type="checkbox"/> Use of µg Instead of mcg
<input type="checkbox"/> Verbal Order
Drug Related Factor(s)
<input type="checkbox"/> Sound Alike Drugs
<input type="checkbox"/> Look Alike Drugs
<input type="checkbox"/> Similar Packaging for Different Drugs
<input type="checkbox"/> Confusing Strength on Packaging
<input type="checkbox"/> Poor Readability of Printed Label on Drugs
<input type="checkbox"/> Inadequate Warning Labels on Drugs
<input type="checkbox"/> Labelling on Cap
Organizational System Factor(s)
<input type="checkbox"/> Tall Man Labelling Not Practiced
<input type="checkbox"/> No Double Checking
<input type="checkbox"/> High Concentration Drug Stored at Emergency Trolley
<input type="checkbox"/> No Pharmacist at Unit or Facility
<input type="checkbox"/> Lack of Information About Drug
<input type="checkbox"/> Verbal Order Allowed
Working Environment(s)
<input type="checkbox"/> High Workload
<input type="checkbox"/> Longer than 8 Hours of Work
<input type="checkbox"/> End of Shift
<input type="checkbox"/> Double Shift
<input type="checkbox"/> On Call
<input type="checkbox"/> Years of Repetitive Work
<input type="checkbox"/> Norm to Perform Task
<input type="checkbox"/> Seniors Unapproachable
Personnel Factors(s)
<input type="checkbox"/> Failure to Follow Standard Operating Procedures (SOP)
<input type="checkbox"/> Negligence
<input type="checkbox"/> Newly Transferred to the Facility / Unit
<input type="checkbox"/> First Year at Work
<input type="checkbox"/> First Posting at the Unit
<input type="checkbox"/> In Training
Patient Factors
<input type="checkbox"/> Patient not at bed
<input type="checkbox"/> Difficult Patient
<input type="checkbox"/> Patient has Hearing Impairment
<input type="checkbox"/> Mute Patient
<input type="checkbox"/> Language Barrier
Others. Please state

