VFC/WyVIP Program
Vaccine Administration Error Report

Directions:

1. When a vaccine administration error has been discovered, please complete this form.
2. E-mail or fax the completed form to your Clinical Quality & Compliance Specialist
3. The Clinical Quality & Compliance Specialist will contact you if indicated below:
   - West Side of the State: diana.martin@wyo.gov ▪ Telephone: (307) 787-6052 ▪ Fax: 307-787-6053
   - East Side of the State: val.knepp@wyo.gov ▪ Telephone: (307) 777-8981 ▪ Fax: 307-777-3615

PROVIDER INFORMATION		
PIN:	Facility Name:	Phone:
Report Date:	Incident Date:	Incident Time:

Would you like a return call from a Clinical Quality & Compliance Specialist **to review improvement opportunities to systematic issues** involved with the error: ☐ YES ☐ NO

INCIDENT DETAILS		
Name/Title of Individual who administered vaccine:		
Patient Information	Gender: ☐ Male ☐ Female	Age:

Type of Incident (Check All That Apply)

☐ Wrong Dose ☐ Wrong Route ☐ Wrong Site ☐ Wrong Vaccine ☐ Wrong Patient
☐ Wrong Age ☐ Wrong Interval ☐ Other:

Describe the Incident (details, actions taken, and include adverse reactions):

Was the WyIR queried prior to administration of the vaccine? ☐ YES ☐ NO

CLINICAL RECOMMENDATIONS
☐ Notify the patient/patient's family of the error
☐ If the dose needs to be repeated notify the patient/patient's family and inform them when they should come back to receive this dose
☐ Inform the patient/patient's family when to seek additional/advanced medical care
☐ Inform the patient that they may have a more localized reaction to the vaccine (pain, swelling, redness, tenderness, warm to touch)
☐ Notify the patient's healthcare provider, if applicable
☐ Document the invalid dose in the WyIR and patients chart/EMR
☐ Complete a VAERS form, if incident meets reporting criteria
☐ Provide training/education on ways to prevent this type of incident from happening again

Comments/Additional Information: