

Notification of Medication Adverse Event

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Subject: Notification of Adverse Event Related to Medication

Dear [Recipient's Name],

I am writing to inform you of a medication-related adverse event that occurred in the workplace on [insert date of incident].

Details of the Event:

- **Medication Name:** [Insert Medication]
- **Employee Involved:** [Insert Employee Name]
- **Date and Time of Administration:** [Insert Date and Time]
- **Description of the Adverse Event:** [Provide a brief description of what occurred]
- **Immediate Actions Taken:** [Describe any immediate response to the event]

Recommendations:

To prevent future occurrences, I recommend reviewing the current medication administration policies and providing additional training to staff as necessary.

Please find attached any relevant documentation related to this incident.

Follow-Up:

I would appreciate your prompt attention to this matter and welcome any suggestions for further actions we can take. Please do not hesitate to contact me if you need more information.

Thank you for addressing this important issue.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]