

INCIDENT REPORT

Student Name:
Student T #

1. Patient Name: _____ Address: _____ _____ D.O.B. _____ Pt. Number: _____	2. Status I = Inpatient ER = Emergency O = Outpatient HV = Volunteer V = Visitor X = Other _____	3. Time of Event Date: _____ Time: _____ 4. Sex: <input type="checkbox"/> male <input type="checkbox"/> female	6. Diagnosis (reason for visit) _____ _____
5. Age _____		7. Attending Physician _____	
8. Location 1. Patient rm.# _____ 2. Bath in pt. rm.? Y / N 3. Hall _____ 4. L & D 5. Day/ treatment rm. _____ 6. NSG station _____ 7. OR/ RR _____ 8. Pharmacy _____ 9. Radiology 10. OPD _____ 11. ER 12. ICU/CCU 13. Lab 14. Pegs 15. On grounds _____ 16. Dental Office 17. Other: _____	9. Staff/Depart 1. Physician/ Dentist 2. Dental Hygienist/Asst. 3. Licensed RN/ LPN 4. Student 5. Reg/ Grad Tech 6. Pharmacy 7. Lab 8. P. T. 9. OT/ REHAB 10. Respirator 11. Faculty Member 12. Other: _____	10. Notification Physician / Dentist: <input type="checkbox"/> yes <input type="checkbox"/> no Name: _____ Time called: _____ <hr/> Patient Examined: <input type="checkbox"/> yes <input type="checkbox"/> no By Whom: _____ <hr/> X-Rays ordered: <input type="checkbox"/> yes <input type="checkbox"/> no	11. Patient Factors Prior to Event a. Alert/Normal k. Sedated _____ b. Agitated l. Anesthetized c. Unconscious m. Meds last 2 hrs _____ d. Uncooperative n. Develop. Disabled e. Confused o. Language Barrier f. Depressed p. Bathroom Restrict. g. Suicidal q. Bed Restraints h. Substance Abuse r. Ambulate w/ Assistance i. Intoxicated s. Other: _____ j. Handicapped
12. Patient/Family Attitude After Event 1. Unaware 4. Belligerent 2. Understanding 5. Angry 3. Cooperative 6. Threaten Suit 7. Other: _____			

Description of Event

13. Fall 1. Ambulating 2. From bed 3. Found on fl 4. From chair 5. Commode 6. Stretcher 7. In bathroom 8. Other _____ a. Rails up (# _____) b. Call light not available c. Call light on d. Floor slippery/ substance e. struck by equipment f. Patient unattended g. Other: _____	14. Medication 1. Missing 2. Given not charted 3. Omitted 4. Extra dose 5. Time variance 6. Wrong route 7. Wrong dose 8. Wrong Med 9. Wrong patient 10. RX filled wrong 11. IV wrong rate/Pump _____ 12. Given not ordered 13. Other: _____	15. Procedure/Treatment/Communication 1. Procedure on wrong patient 2. Lost specimen 3. Procedure omitted 4. Procedure delayed 5. Orders not carried out 6. NPO violated 7. Radiation exposure 8. Technique 9. Abnormal test results 10. Procedure/ no consent 11. No MD response 12. MD not notified of patient cond. 13. Other: _____	16. Miscellaneous 1. Fight among patient 2. Patient attacked staff 3. AWOL 4. Burn 5. Cardiac arrest 6. Diet/ Food problem 7. Patient dissatisfied 8. Suicide attempt 9. Decubitus(not pres. on admission) 10. Wound/ Other infection 11. Other _____
17. Equipment 1. Shock 4. Improper use 2. Not available 5. Operator unqualified 3. Not available 6. Mech. problem 7. Other: _____ Equipment Name: _____	18. Safety/Security 1. Damage to property 2. Lost / Stolen property 3. Fire 4. Unauthorized presence 5. Drug count variance 6. Drug tampering 7. Drug keys variance 8. Floor wet/ substance 9. Other: _____	19. Nature of Injury 1. None apparent 8. Damaged teeth 2. Allergic Reaction 9. Death 3. Laceration/Contusion 10. Neurological defect 4. Sprain/ Strain 11. Excessive Blood Loss 5. Fracture/ Dislocation 12. Other: _____ 6. Perforation 7. Blister	
Manufacturer: _____ Serial # _____ Location _____		20. Student Signature _____	

FOR COMPLETION BY FACULTY MEMBER

Description of Occurrence:

Student Signature: _____ **Date:** _____

Faculty Member Comments:

Student Signature: _____ **Date:** _____