

Incident Report

(Complete Immediately for Every Incident and Send to Administrator)

(Hospital Name)

(For Addressograph Plate)

(City)

Administrator:

Please forward to Hospital Attorney

Confidential Report of an Incident (Not a Part of the Medical Record)

Patient: _____ Age: _____ Sex: _____ Room: _____
(Last Name, First Name) (M / F)

Admitting Diagnosis: _____ Date of Admission: _____

If Outpatient, Date of Visit: _____ Reason for Visit: _____

Attending Physician: _____

Date of Incident: _____ Time: _____ AM / PM

Were Bed Rails Up? _____ Was Safety Belt In Use? _____

Was Patient Rational? _____ Hi/Lo Bed Position: _____

Drugs Given Within 12 Hours Prior to Incident:

Sedatives: _____ Dose: _____ Time: _____ AM / PM

Narcotics: _____ Dose: _____ Time: _____ AM / PM

Dr. _____ Notified By: _____

At Time: _____ AM / PM Time Doctor Responded: _____ AM / PM

Nurse's Account of the Incident (Include Exact Location):

List Witnesses or Persons Familiar With Details of Incident and Other Patients in the Same Room:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

History of Incident as Related By the Patient: _____

Immediate Actions (and their outcomes): _____

Notifications:

- a. Will/was report made under the Safe Medical Devices Act? Yes No (circle one)
- b. Will/was report made to the California Department of Public Health as an adverse event or unusual occurrence? Yes No (circle one)
- c. Will/was patient or legal representative notified of any unexpected outcome?
Yes No (circle one)
- d. Will/was attending physician notified? Yes No (circle one)

Doctor's Report of Patient's Condition (From Progress Notes): _____

Date of Report: _____ Time: _____ AM / PM

Signature: _____
(Nurse or Supervisor Reporting)