

Medical Record Number

Grid for Medical Record Number

PRIVILEGED and CONFIDENTIAL. DO NOT PHOTOCOPY. Not part of the Medical Record

Facility ID

Grid for Facility ID



Event Report Form

(Addressograph)

Patient/Visitor Last Name

Grid for Patient/Visitor Last Name

Patient/Visitor First Name

Grid for Patient/Visitor First Name

- Radio buttons for Inpatient, Visitor, Outpatient, Other

Patient Age

Grid for Patient Age in years

- Radio buttons for Male, Female

Date of Event

Grid for Date of Event (MM/DD/YY)

Time of Event (military)

Grid for Time of Event (HH:MM)

Unit/Dept.

Grid for Unit/Dept.

Attending Physician

Physician Notified?

- Radio buttons for Yes, No

Exact Location

Family Present:

Family Notified?

- Radio buttons for Yes, No

Type of Event

Radio button for Fall

Type

- Radio buttons for Witnessed, Unwitnessed, Assisted, Unassisted

Patient Data

- Radio buttons for Alert/oriented, Confused/disoriented, Combative/noncompliant, Previously identified as fall risk, Other

Siderails

- Radio buttons for All up, Any down, N/A

Bed Position

- Radio buttons for Raised, Lowered

Radio button for Restraints in use

Type: \_\_\_\_\_

Location

- Radio buttons for Ambulating in hall/room, Ambulating to/from bathroom, During treatment/exam, Found on floor, Getting into/out of bed, Getting into/out of chair, In bathroom, Other

Radio button for Medication/IV Event

Indicate medication ordered:

Indicate medication given:

Phase

- Radio buttons for Prescribing, Processing/transcribing, Dispensing, Administration, Monitoring

- Radio buttons for Adverse drug reaction, Deteriorated Drug, Known drug allergy, Medication compliance, Omission

Type of Event

- Radio buttons for Wrong dose, Wrong dosage form, Wrong drug preparation, Wrong medication, Wrong patient

- Radio buttons for Wrong Rate, Wrong Route, Wrong time, Other

Route

- Radio buttons for PO, IM, IV, SQ, Other

Radio button for Perinatal Event

Apgar score @1 @5 @10

Gestation age: \_\_\_\_\_ weeks

Weight \_\_\_\_\_ grams

Type of Delivery

- Radio buttons for C-Section, Vaginal, VBAC

Type of Event

- Radio buttons for Maternal injury, Infant injury

Instrument Assistance

- Radio buttons for Forceps, Vacuum

- Radio buttons for Meconium aspiration, Oxytocin use, Precipitous delivery

Factors

- Radio buttons for Prolapsed cord, PROM, Unattended delivery

- Radio buttons for Uterine rupture, Other

Radio button for Surgical/Anesthesia/Procedure Event

Procedure

ASA Class: \_\_\_\_\_

Event occurred:

- Radio buttons for Before procedure, During procedure, After procedure

Type of Event

- Radio buttons for Adverse anes. reaction, Consent, Intubation injury, Laceration/perforation, Retained foreign body

- Radio buttons for Wrong count, Wrong procedure, Wrong patient, Wrong Site

Anesthesia Type

- Radio buttons for General, Local, Spinal, Conscious Sedation, Other

Radio button for Equipment/Device Event

Type (list): \_\_\_\_\_

Type of Event

- Radio buttons for Disconnection/dislodged, Improper use, Malfunction, Missing, Not available, Tampered with

Radio button for Pressure Ulcer/Skin Breakdown

- Radio buttons for Acquired, Arrived with

Location

Stage: \_\_\_\_\_

Radio button for Other Event

- Radio buttons for AMA, AWOL/Elopement, Behavior, destructive/assaultive, Behavior, self-destructive, Behavior, unprofessional, Behavior, other, Complaint

- Radio buttons for Complaint, HCFA Rights, Confidentiality, Infant/pediatric abduction, Lost/misplaced belongings

- Radio buttons for Management of care, Self-extubation, Suicide/suicide attempt, Other patient injury

- Radio buttons for Other injury, Other event

Other event described:

Outcome (observed or perceived)

- Grid of radio buttons for various outcomes: Abrasion, Arrhythmia, Aspiration, Bleeding, Bruise/contusion, Burn, Cardiac arrest, Dehiscence, Dental injury, Drug reaction, Excoriation, Fracture/dislocation, Hematoma, Hemorrhage w/o transfusion, Hemorrhage w/ transfusion, Incorrect count, Increased length of stay, Infection, Infiltration requiring treatment, Laceration, Muscle injury, Necrosis, No apparent effect, Organ injury, Organ removal, Pain, Phlebitis, Reintubation, Retained foreign body, Return to surgery, Seizure, Transfer to higher level of care, Syncopal episode, Unplanned invasive procedure, Upset family, Upset patient, Vascular impairment, Other



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Factors Possibly Related to the Event (observed or perceived)

- Factors possibly related to the event: Adequacy of tech. response, Assessment, behavioral, Assessment, physical, Call light system not working, Care planning, Charting error/documentation, Combative/noncompliant, Confused/disoriented, Communication, Competency, Credentiaing, Delay, MD, Staff, Other, Equipment maintenance, Improper positioning, Improper technique, Inadequate knowledge, Inappropriate/ineffective monitoring, Inappropriate use of chain of command, Incorrect use of restraints, Information not available, Medication access, Medication labeling, Medication storage, Medication unavailable, Order entry error/transcription error, Order illegible, Order misread, Order overlooked, Order, verbal/telephone error, Orientation/training, Patient identification, Patient refusal, Personnel/facility not available, Phone order not transcribed, Physical environment, Physician availability, Policy/procedure variation, Staffing levels, Supervision of staff, Timeliness of MD response, Timeliness of others response, Uncooperative patient, Variation of standard of care, Verbal order not written

Severity Level

- No event: 1 Circumstance had the capacity to cause an event
Event, no harm: 2 Event occurred but did not reach the patient, 3 Event occurred that reached the patient but did not cause patient harm, 4 Event occurred that resulted in the need for increased patient monitoring but no patient harm
Event, harm: 5 Event occurred that resulted in the need for treatment and caused temporary patient harm, 6 Event occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm, 7 Event occurred that resulted in permanent patient harm, 8 Event occurred that resulted in a near-death event
Event, death: 9 Event occurred that resulted in patient death

Description of event (Describe what happened, include witnesses if any)

Grids for listing staff involved: Last Name, First Name. Includes sections for List staff involved, List physicians involved, and List registry staff involved.

Description: \_\_\_\_\_

Name of person completing this form (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

FORWARD THIS REPORT TO YOUR DEPARTMENT DIRECTOR

This Section to be Completed by Department Director and Submitted to Quality/Risk Management within 48 hours

- Action taken/to be taken: No action taken at this time, Education/Training, Maintenance ordered/done, Revise policy/procedure, Communication w/other dept., Request medical staff review, Other (describe)
Explanation: \_\_\_\_\_

Department Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Equipment/Product: Name, Lot #, Exp. Date, Manufacturer, Equip. control #, Model #, Serial #

Risk Manager Follow-up

Notifications: Administration, Quality, Patient Relations, Medical Staff, Claims, Region, Legal, DHS, OSHA, FDA, Coroner, HCFA, Unable to substantiate report. Includes Date fields and Notes section.

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