INCIDENT/ RISK REPORT FORM

To be filled within 2 hours of Incident & submitted to Nursing Supervisor/TL within 24 hour

Patient's Name	s
Age	Sex Bed
UHID	No
IP No	Consultant

List of Incidents, hazards and risks to be reported
(Please tick the desired option)

- ☐ Patient Fall
- ☐ Medication Errors
- ☐ Hospital Acquired Pressure Injury (HAPI)
- ☐ Hypoglycemia (Less than 70mg/dl)
- ☐ Healthcare Associated Infections
- ☐ *Readmission within 14 days of discharge
- ☐ *Return to Emergency within 72 hours
- ☐ Return to OT within 30 days
- ☐ Return to ICU within 48 Hours
- ☐ Adverse Drug Reactions
- ☐ Sentinel Events
- ☐ Blood /Blood product Transfusion related incidents
- ☐ Re Intubation Within 48 hrs
- ☐ Hematoma formation at arterial puncture site
- ☐ Accidental removal of lines & tubings
- ☐ Body fluid exposure
- ☐ Discrepancy in pre and post-surgery diagnosis
- ☐ Adverse event related to procedural sedation

Other Adverse Events

- ☐ Patient Identification Error
- ☐ Acute Limb ischemia
- ☐ Discrepancy in Sponge/gauge count
- ☐ Cautery Burns
- ☐ Needle left inside Porta Cath
- ☐ Others

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Near Miss

- ☐ Patient Fall
- ☐ Medication Error
- ☐ Patient Identification Error
- ☐ Any other kind of Near Miss

Incident / Risk Details :

Location of event/ Risk :

☐ IPD ☐ OPD ☐ Any other location Specify Location - ……

Event occurred with:
☐ In Patient ☐ Visitor ☐ Staff ☐ Equipment /Property /Asset
☐ Out Patient ☐ Contractual staff ☐ Other (e.g. Spills etc.)

Patient's Admission Diagnosis:

Name of witness / first person to attend:

Date & Time of the Incident occurrence:

Describe what happened and the kind of incident.

Impact on the Patient (e.g. description of any injury/harm sustained to the patient) Mention category : minor, major or near miss

Condition of the patient after the incident

*Filling of incident forms can be avoided if information is generated through system and captured in respective Dashboards.

Hazardous events

- ☐ Theft/ loss of valuable
- ☐ Fire
- ☐ Accident
- ☐ Needle Stick Injury
- ☐ Child Abduction/ Patient
- ☐ Internal disaster
- ☐ Electric shock
- ☐ Property loss
- ☐ Major breakdown
- ☐ Chemical & Drug Exposure
- ☐ Spill
- ☐ Any other

Sentinel events

- ☐ Suicide of any patient receiving care.
- ☐ Unanticipated death of a full-term infant.
- ☐ Discharge of an child to the wrong family.
- ☐ Abduction of any patient receiving care.
- ☐ Hemolytic transfusion reaction involving administration of blood.
- ☐ Rape, assault or homicide of any patient receiving care or staff member.
- ☐ Invasive procedure, including surgery,
- ☐ Unintended retention of a foreign object in a patient after an invasive procedure.
- ☐ Severe neonatal hyperbilirubinemia
- ☐ Fire, flame, or unanticipated smoke
- ☐ Any intrapartum maternal death
- ☐ Severe maternal morbidity

Please specify

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Report any details that may have contributed to the incident.

Any immediate corrective and Preventive action taken?

Corrective action:

Preventive action:

Outcome (Mention category)- to be filled by supervisor:

- ☐ **Category A:** Circumstances or events that have the capacity to cause error
- ☐ **Category B:** An error that did not reach the individual.
- ☐ **Category C:** An error that reached the individual but did not cause harm.
- ☐ **Category D:** An error that reached the individual and required monitoring or intervention to confirm that it resulted in no harm**.**
- ☐ **Category E:** Harm to the individual (lasting less than 2 weeks)

Sentinel Events

- ☐ **Category F**: Harm to the individual (lasting more than 2 weeks)
- ☐ **Category G**: Permanent harm to individual
- ☐ **Category H**: Intervention required to sustain life.
- ☐ **Category I:** Death of the individual.

Sign & Name of Admitting Consultant + ICU In charge (If applicable)/ RMO/Floor Doctor

Signature Name of the Reporting Staff		Emp. Code Date & Time
Signature Name of Nursing Supervisor/ In-charge / HOD		Emp. Code Date & Time

Disclaimer

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