

LONG PRAIRIE MEMORIAL HOSPITAL AND HOME

CLIENT INJURY/VISITOR INCIDENT  
REPORT FORM

Addressograph:

Type of incident: (circle one)    Fall (1-14)    Medication (1-8,10,13,14)    Treatment/Test (1-8,11,14)  
  Equipment (1-8,9,13,14)    Burn (1-8,11,14)    Adverse Drug Reaction (1-8,10-14)  
  Behavior    Security/Property (1-8,12-14)  
Other: \_\_\_\_\_

1. Client/Visitor Name: \_\_\_\_\_  Inpatient/Resident     Visitor

2. SSN: (if visitor) \_\_\_\_\_ 3. (circle one) Injury    Near miss  Outpatient/Clinic

4. Date of occurrence: \_\_\_\_\_ 5. Time of occurrence: \_\_\_\_\_  \_\_\_\_\_  
Room number: \_\_\_\_\_

6. Location: (circle one)    Hospital    Ambulance    Transportation    Nursing Home

7. Nature of injury (e.g., Fracture of left femur, uterine rupture numbness after surgery, low APGARS, I.V. site infection):

Were facts documented in medical record: (check one)     yes     no

8. Describe the Event (e.g., client fell out of bed, cautery burn during specified surgery, medication was given to the wrong client, treatment was delayed)

9. Equipment involved (be specific: e.g., Bard 16 gauge urinary catheter, serial number/lot number: \_\_\_\_\_

10. Medications involved with or potentially affecting occurrence (print clearly). (Explain details/incident):

11. Effect on treatment plan (e.g., client received on additional X-ray, client received digoxin screen and additional labs:

12. Action as result of immediate investigation:

13. Family notified: \_\_\_\_\_ Date: \_\_\_\_\_

14. Person Completing (signature): \_\_\_\_\_ Date: \_\_\_\_\_

15. MD Signature (acute care only): \_\_\_\_\_ Date: \_\_\_\_\_

Send Completed Form to Your facility's Risk Manager with 24 hours of Incident

RISK MANAGER TO COMPLETE

Severity Index: (enter score 0-9) \_\_\_\_\_

Outcome Index: (enter score 0-4) \_\_\_\_\_

Litigation Index: (enter score 0-3) \_\_\_\_\_

Investigation Notes:

Recommended actions by Risk Manager:

Pharmacy Review:

- Provider Pharmacy Error \_\_\_\_\_
- Wrong Medication
- Labeling Error
- Failure to Deliver
- Nursing Error
- Failure to Check MAR
- Misread MAR
- Transcription Error
- Improper Pt. ID
- Computation Error

Risk Manager Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Potential Proximate Causes/Human Factors: (check one)

- Reliance on Memory
- System Complexity
- Non-Standard Process
- Protocol/Checklist Inadequate
- Equipment not Available
- Constraint & Forcing Strategies not Available
- Lack of/limited access to Information
- Look Alike or Sound Alike Situation
- Recognition and Cues Not Effective
- Environmental Stressors
- Multiple Entry
- Reliance on Vigilance
- Automation Failure
- Excessive Hand-offs
- Lack of Training

Explain:

Is this a Sentinel Event: (check one)  Yes  No

DR Classification:  Mild  Moderate  Life Threatening  Death

TC Administration Initials : \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_