

# Houser Newman Associates

## Event Report

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person Involved:  Patient  Visitor/Family Member  Staff  Other \_\_\_\_\_

If patient, admitting diagnosis: \_\_\_\_\_

BRIEF DESCRIPTION OF EVENT (Attach additional pages if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient/Family aware of Event?  Yes  No  N/A

1. Location of Incident \_\_\_\_\_

### TYPE OF INCIDENT

2. Falls  
 Slip/Fall  Found on floor  Other \_\_\_\_\_

3. Medication Variance  
 Contraindicated  Omission of Dose  Wrong Patient  Extra Dose  
 Wrong Dose  Wrong Route  Wrong Time  Wrong Medication/Solution  
 Confirmed adverse drug reaction  Other \_\_\_\_\_

4. Treatment or Procedure Variance  
 Consent not documented  Complications post-procedure  Retained FB  
 Delayed Start  Consent differs from procedure  Not Ordered  
 Cancellation after anesthesia  Unscheduled return <72 hours  Hospital Transfer  
 Delay during procedure  Inability to complete/complication  Omitted Procedure  
 Technique error  Surgical count unresolved  
 Other \_\_\_\_\_

5. Infection  
 Documented Infection at surgical site

6. Equipment/Product-Related Incident  
 Defective Equipment  Electrical Shock  Improper Use of Equipment  
 Wrong equipment used  Electrical Problem  Equipment Unavailable  
 Malfunction of equipment  Other \_\_\_\_\_

EQUIPMENT INVOLVED \_\_\_\_\_ LOT # \_\_\_\_\_

MODEL # \_\_\_\_\_ MANUFACTURER \_\_\_\_\_ SERIAL# \_\_\_\_\_

REPORTED TO MANUFACTURER:

7. Miscellaneous  
 Signed out AMA  Fire  Struck against object  Patient Abuse  
 Contraband possession  Loss/Theft  Struck by object  Exposure Hazard  
 Security Issues  Other \_\_\_\_\_

**8. Medical Treatment**

- Not Applicable       Offered       Obtained       Refused       Ambulance Transfer
- Referred for further treatment (Facility/Physician Name) \_\_\_\_\_
- Facility/Physician Notified    Date: \_\_\_\_\_    Time: \_\_\_\_\_    By: \_\_\_\_\_

**9. Nature of Injury Sustained**

- Abrasion, Bruise, Contusion       Concussion       Hemorrhage       Respiratory Impairment
- Aggravation of pre-existing condition       Contagious Disease/Pathogen       IV Infiltrate       Skin Irritation
- Allergic Reaction       Death at Facility       Laceration       Sprain/Strain
- Amputation       Death Following Transfer       Neurological Impairment       Unable to Determine
- Burn       Death <72 Hours of Discharge       None/Not Applicable       Vascular Impairment
- Cardiopulmonary Arrest       Electric Shock       Phlebitis       Wound Disruption
- Fracture       Puncture
- Other \_\_\_\_\_

**10. Related Factors**

- Bowel/Bladder Problem       Vision Impaired       Floor Wet/Obstructed       Call Button Not In Reach
- Improper Footwear       Bed position HIGH/LOW       Safety Device Used       Unexpected Movement
- Unable to follow commands       Visitor Assisting Patient       Improperly       Not Applicable
- Seeking Attention       Language Barrier       Employee Did Not Follow Procedure       Horseplay/Rowdiness
- Refused Orders

**11. Severity Level**

- Level 1**      Event is not related to illness or injury/no apparent injury
- Level 2**      Occurrence that causes temporary illness or injury; whether or not physician/nurse/other practitioner interventions required
- Level 3**      Injury with potential for complications/follow-up required by physician/nurse
- Level 4**      Major injury: occurrence is potentially life threatening: immediate
- Level 5**      Occurrence resulting in death within 72 hours

**WITNESSES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMPLOYEE PREPARING REPORT**

Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**SAFETY COMMITTEE REVIEW**

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Recommendation/Follow-up/Corrective Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_