

APPENDIX II Sample Incident Report

Patient name _____
Address _____
Postal Code _____ Telephone _____
Date of Incident _____ Time of Incident _____

Treating Doctor's name _____
Injection/infusion prepared by (name) _____
Patient was being monitored by (names) _____
Last time patient was monitored before the incident _____

Attach a Record of Treatment for the visit in which the incident occurred. Include the formulation, concentration volumes, osmolarity calculation, drip rate, etc.

Record any unusual comments by patient or signs/symptoms noted prior to the incident:

Describe what happened during the incident (use a separate sheet if required):

List all witnesses to the incident:

Have all witnesses describe on a separate paper, their version of the incident. _____

What treatment was rendered in response to the incident? _____

Record all post incident instructions given to the patient, follow-up observations and referrals made:

Doctor/staff member signature _____

Date _____

- Original copy in a master incident file
- One copy in patient chart
- One copy accompanies the patient if transported to hospital _____

