



INCIDENT REPORT FORM

Use this form to report any unexpected patient incidents related to patient care or treatment, even if there is no adverse patient outcome (this includes errors, safety hazards, injuries and sentinel events.) This form is to be completed by Taurus Staffing Solutions personnel in addition to any reporting requirements of the facility/hospital. After completion, please return to Taurus Staffing Solutions by faxing to (TSS) 496-2540.

Details of where incident was discovered

Identification of person affected by incident:	Location:
Name:	Hospital (include address):
Date of Birth:	
Date & Time of Incident:	
	Department/Unit:

Onsite Staff Involved (Witnesses)

Name:	Title:

Nature of Incident (check appropriate boxes)

Malfuction Equipment/Monitors	Breach of Policies/Protocol	Failure to Perform Investigation	
Lack of Equipment/Monitors	Poor Patient Preparation	Delay in Urgent Investigation	
User Error of Equipment/Monitors	Inappropriate Request	Failure to Interpret Results	
Medication Prescription Error	Inappropriate/No Escort	Wrong Dose Radiation	
Medication Dispensing Error	Breach in Confidentiality	Wrong Site	
Medication Administration Error	Patient Documentation Issue	Wrong Patient	
Extravasation	Patient Positioning	Repeat Dose Unnecessarily	
Infection Control Issue	Consent	Pregnancy Not Considered in Radiation Exposure	

Patient Outcome (check appropriate boxes)

Death	Pain/Prolonged Pain	Disruption to Services	
Critical Condition	Patient Distress	Unable to Access Outcome	
Injury	Delay in Treatment	Near Miss by Chance	
Ill Health	Change to Treatment	Near Miss by Intervention	
Temporary Deterioration of Condition	Prolonged Stay in Hospital	No Adverse Effect	
Transfer to Higher Levels of Care	Radiation Overexposure	Other: Employee Injury	

Contributory Factors (check appropriate boxes)

Knowledge & Training	Poor Communication	Poor Documentation	
Staffing Issues	Distraction	Poor Handwriting	
Lack of Appropriate Equipment	Labeling	Use of Abbreviations/Shorthand	
Breach of Policy/Procedures	Supplies	Storage	
Other: none			

Summary of what happened: (please state facts only and not opinion - attach separate sheet if necessary)

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Action Taken as a Result of Incident: (please give brief details - attach separate sheet if necessary)

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Employee/Supervisor Acknowledgement

Employee Name:	Title/Position:
Acknowledgement -	
Employee Signature:	Date:
Supervisor/Witness Signature:	Date:

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Action Taken as a Result of Incident: (please give brief details - attach separate sheet if necessary)

Credentialing Supervisor	Date: