FASTAFF
CLINICAL 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 FASTAFF personnel in addition to any reporting requirements of the facility/hospital. After completion, please return to FASTAFF by faxing to 888-928-3050.

<table>
<thead>
<tr>
<th>Details of where incident was discovered</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of person affected by incident:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Hospital (include address):</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Department/Unit:</td>
</tr>
<tr>
<td>Date &amp; Time of incident:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Onsite Staff involved</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of incident [check appropriate box(es)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malfunction Equipment / Monitors</td>
</tr>
<tr>
<td>Lack of Equipment / Monitors</td>
</tr>
<tr>
<td>User error of Equipment / Monitors</td>
</tr>
<tr>
<td>Medication Prescription Error</td>
</tr>
<tr>
<td>Medication Dispensing Error</td>
</tr>
<tr>
<td>Medication Administration Error</td>
</tr>
<tr>
<td>Extravasation</td>
</tr>
<tr>
<td>Infection Control issue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Outcome [check appropriate box(es)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
</tr>
<tr>
<td>Critical condition</td>
</tr>
<tr>
<td>Injury</td>
</tr>
<tr>
<td>Ill health</td>
</tr>
<tr>
<td>Temporary deterioration of condition</td>
</tr>
<tr>
<td>Transfer to higher level of care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributory factors [check appropriate box(es)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge &amp; Training</td>
</tr>
<tr>
<td>Staffing Issues</td>
</tr>
<tr>
<td>Lack of appropriate equipment</td>
</tr>
<tr>
<td>Breach of Policy / procedure</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>
Summary of what happened: (please state facts only and not opinion – attach separate sheet if necessary)

Ensure that all necessary steps have been taken to support and treat anyone injured and prevent injury to others. Ensure medical records are factual and up to date.

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

Employee Acknowledgment

Employee Name:  
Title/Position:  

Acknowledgment - I acknowledge that the facts and circumstances reported above are true and accurate to the best of my knowledge:

____________________________________________________  
Employee Signature                                      Date

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

INTERNAL USE ONLY – COMPLETED BY FASTAFF DIRECTOR OF CREDENTIALING

Director of Credentialing  
Date