PATIENT – VISITOR INCIDENT REPORT

Glatfelter Healthcare Practice℠
A Division of Glatfelter Insurance Group

NOT PART OF MEDICAL RECORD Edition 11/21

NAME/ADDRESS OF PERSON INVOLVED

IF VISITOR, PHONE NUMBER	SEX	AGE

DIAGNOSIS

INCIDENT DATE	INCIDENT TIME AM/PM	PRIOR INCIDENT	REPORT DATE	SHIFT ☐ 1 ☐ 2 ☐ 3

EXACT LOCATION

PRIOR CONDITION ☐ Ambulatory ☐ Uncooperative ☐ Sedated Other (describe)
☐ Alert ☐ Confused ☐ Requires Assistance

MEDICATION (Past 12 Hours) | VITAL SIGNS

FALLS
- ☐ Fall/Slip
- ☐ To/From Bed
- ☐ From Chair or Equip.
- ☐ While Ambulating
- ☐ While Being Assisted
- ☐ In Bathroom
- ☐ Dizzy/Faint
- ☐ Eased to Floor
- ☐ Other (describe

MEDICATION
- ☐ Wrong Patient
- ☐ Wrong Drug
- ☐ Wrong Time/Day
- ☐ Wrong Route
- ☐ Wrong Dosage
- ☐ Omissions
- ☐ Other (describe) _____
- ☐ Adverse Reaction
- ☐ Duplication
- ☐ IV-Related
- ☐ Unordered
- ☐ Transcription
- ☐ Pharmacy

_____

OTHER
- ☐ Struck Object
- ☐ Altercation/Violence
- ☐ Self Inflicted Injury
- ☐ Loss of Personal Prop
- ☐ Smoking Related
- ☐ Oxygen Related
- ☐ Suspected Abuse
- ☐ Equipment Malfunction
- ☐ Wanderer/Elopement
- ☐ Decubitus
- ☐ Treatment Related
- ☐ Delayed Communication
- ☐ Misdiagnosis
- ☐ Alleged Theft
- ☐ Infection
- ☐ Order not Executed
- ☐ Lab Related
- ☐ Phys. Therapy
- ☐ Burns

Other _____
_____

SAFETY DEVICES
Bed Position ☐ High ☐ Low
Side Rails ☐ Up ☐ Down
Number _____

ACTIVITY LEVEL
- ☐ Bed rest Only
- ☐ Up Ad Lib
- ☐ Up W/Assistance
- ☐ BR Privileges
- ☐ Other (describe)

NATURE OF INJURY RESULTING FROM ACCIDENT
- ☐ No apparent injury
- ☐ Decubitus
- ☐ Abrasion/Laceration/Skin Tear
- ☐ Burn/Scald
- ☐ Sprain/Strain
- ☐ Fracture/Dislocation
- ☐ Adverse Reaction
- ☐ Contusions
- ☐ Other (describe) _____

_____

INDICATE INJURY

Brief Objective Description of Incident in Addition to Above:

Equipment Involved	Manufacturer	Serial Number

Witness' Name	Address	Phone Number	Patient	Employee	Visitor
1					
2					

MEDICAL INFORMATION

FAMILY NOTIFIED ☐ YES ☐ NO	TIME NOTIFIED AM/PM	BY WHOM

NAME OF PHYSICIAN NOTIFIED	TIME NOTIFIED AM/PM	TIME EXAMINED AM/PM

X-RAYS ORDERED ☐ YES ☐ NO	RESULTS

LAB WORK ORDERED ☐ YES ☐ NO	RESULTS

Report of Examining Physician:

PERSON COMPLETING REPORT			REVIEW BY SUPERVISOR/MANAGEMENT	
NAME:	DATE:	SIGNATURE:	SIGNATURE:	DATE:

INCIDENT INVESTIGATION REPORT

Glatfelter Healthcare Practice℠
A Division of Glatfelter Insurance Group

Confidential Report to Attorney
To Be Completed At Time of Incident

Edition 9/01

DATE OF OCCURRENCE:	☐ Patient ☐ Visitor	LOCATION:
ADMISSION DATE:	PRIOR INCIDENTS ☒ Yes ☐ No	DATES:

Briefly Describe Incident: _____

_____

_____

ANALYSIS

A. Contributing Factors – Select as many as appropriate

Patient Falls
1. ☐ Failure to raise side rails
2. ☐ Failure to respond to call bell
3. ☐ Call bell not within reach
4. ☐ Objects not within reach
5. ☐ Failure to restrain (properly
6. ☐ Failure to orient patient
7. ☐ Failure to prescribe activity level
8. ☐ Wet/slippery floor
9. ☐ Patient unattended
10. ☐ Patient failed to request assistance as instructed
11. ☐ Patient removed restraints/side rails
12. ☐ Family left patient in unsafe manner

Medications
1. ☐ Improper identification
2. ☐ Transcription error
3. ☐ Misread
4. ☐ Failure to check orders
5. ☐ Mislabeled/pharmacy error
6. ☐ Miscommunication/misunderstood
7. ☐ Documentation failure

Other
1. ☐ Malfunctioning equipment
2. ☐ Mislabeled specimen
3. ☐ Incorrect results reported
4. ☐ Failure to notify physician
5. ☐ Failure to respond
6. ☐ Failure to regulate temperature
7. ☐ Failure to follow orders
8. ☐ Wrong treatment
9. ☐ Miscommunication
10. ☐ Improper infection control Practices
11. ☐ Patient uncooperative
12. ☐ Suspected Abuse
13. ☐ _____

B. Fundamental Reasons for Occurrence – Select as many as appropriate

Personal Job
1. ☐ Lack of knowledge/skill
2. ☐ Physically incapable
3. ☐ Trying to save time
4. ☐ Failure to request assistance
5. ☐ Inadequate protocol
6. ☐ Inadequate equipment/supplies
7. ☐ Inadequate training

Conditions
1. ☐ Inadequate illumination
2. ☐ Inadequate ventilation
3. ☐ Poor housekeeping
4. ☐ Unsafe equipment
5. ☐ Inadequate safety devices
6. ☐ Hazardous walkway/surfaces
7. ☐ Poor maintenance
8. ☐ Improper equipment

Actions
1. ☐ Exceeding authority
2. ☐ Failure to follow procedures
3. ☐ Use of unsafe equipment
4. ☐ Failure to clean up spills
5. ☐ Failure to monitor patient
6. ☐ Failure to correct know Hazard

Comments: _____

_____

PREVENTION

C. Corrective Action to Prevent Recurrence

1. ☐ Counseled Staff
2. ☐ Reviewed protocol
3. ☐ Changed protocol
4. ☐ In-service training
5. ☐ Restricted duties
6. ☐ Reassigned
7. ☐ Increase supervision
8. ☐ Suspended
9. ☐ Terminated
10. ☐ Repaired/replaced equipment
11. ☐ Patient/family consultations
12. ☐ Other (describe)

_____
_____
_____
_____

Done:_____ Target Date: _____ Follow-up: _____

INVESTIGATED BY:	DATE:
REVIEWED BY MANAGEMENT:	DATE: