

EVENT

| Patient | Safety/Risk | Management Only |
|---------|-------------|-----------------|
| 0! | | |

INCIDENTS and SERIOUS EVENTS

Is the Event Related to a Specific Patient? \Box Yes \Box No

□ Incident

□ Infrastructure Failure* (use other form)

□ Other

| F EVENT IS RELATED TO SPECIFIC PERSON, PLEASE COMPLETE THIS SECTION: Patient Classification: Inpatient Outpatient Clinic Patient ED patient Home Care Resident Swing Bed Visitor Sex Assigned at Birth or Gender/Sex from medical record: Female Male Gender Identity: Female Male Transgender Non-binary or Genderqueer Something else Patient declined to answer Not asked Sexual Orientation: Bisexual Lesbian, gay or homosexual Straight or heterosexual Something else Patient declined to answer Not asked Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Patient declined to answer Not Asked Ethnic Group: Hispanic or Latino Not Hispanic or Latino Other Patient declined to answer Not Asked Date of Admission/Ambulatory Encounter: / | REPORT | PA-PSRS# | | |
|--|--|---|---|--|
| FEVENT IS RELATED TO SPECIFIC PERSON, PLASE COMPLET FITS SECTION: Particul Classification: "Pupilism: "Objigation: "Indiginate "Floring fitter for the particul "Digital Providers of the particul "Bowing fitter for the particul "Digital Providers of the particul "Bowing fitter for the particul "Digital Providers of the particul "Bowing fitter for the particul "Bowing fitter for the particul "Digital Providers of the particul "Digita | FORM | *Confirmation date:// | Name MP# Date of Ri | irth, and 7in Code of person invalved |
| Patient Classification: | L IF EVENT IS RELATED TO SPECIFIC | C PERSON PLEASE COMPLETE THIS SI | - | irun, and zip code of person involved |
| Sendor identity: Ferrate Mark Timergener Non-thrary or Genderqueer Something size Pallett declined to arrow Not asked Race Canting Annates Not Not asked Race Canting Annates Not No | | · · · · · · · · · · · · · · · · · · · | | ng Bed □Visitor |
| Sexual Directation: Bleacual Classian, gay or homosoxual Distinguist or heterosoxual District Processing of the Platinist declined to answer (White District Processing Control Processi | • | | | |
| Race: DAmortican Indian or Aliaska Native Castan Diseasor or Third Asked Ethnis Group: Lifespanic or Latino Walk Asked Ethnis Group: Lifespanic or Latino Walk Asked Date of Admission/Ambalatory Free Third Castan Cast | | | | |
| Care Admission/Ambidatory Encounter: | | | _ | |
| Ethnic Group: Thisipanio or Latino Not Pistpanio or Latino Dotter of Amission Ambulatory Encounter: / _ Advised? The Time (military). Location of event. Care Area Name: _ Advised? The Time (military). Location of event. Care Area Name: _ Great American _ Great Ambulatory _ Great Ambulator | | | ican Livative Hawalian of Other Facilic | Islander - Writte - Other |
| Patients Physician: | | | atient declined to answer □Not Asked | |
| Time (milltany). Leaction of evert. Care Area Name: Leaction of evert. Care Area Name: How was this event discovered? (Check ait that appy): Leaction of the care of the control of the care of th | · | • | | |
| Care Arra Type: | | | | |
| How was this event discovered? (Check all that apply): Chasassement dare event Report by parient Report by patient Report by resident, fellow, or student Report by staff member Review of record or chart Witnessee/Involved Report by staff member Review of record or chart Witnessee/Involved Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by patient Report by resident, fellow, or student Report by resident Report by staff | | | | |
| Commonwealth agent to this event related to a telehealth visit? Test ordered patient Report by patient Report by resident, fellow, or student Date of report Minespectation Report by resident, fellow, or student Date of report Minespectation Report by resident, fellow, or student Date of report Date of re | | | Care Area Type: | |
| Review for fector of chart Simple sequence Date of report Date of | | | Report by nation | hy resident fellow or student |
| Individual preparting report: (print name) | | | | by resident, renow, or student |
| Self Health IT cause or contribute to this event? Pes No Unknown (If yes complete Health IT/Telehealth Form) Personal parts Pers | | | | Date of report// |
| IB-N to harm did not reach pt. because of chance alone IB-N to harm did not reach pt. because of chance alone IB-N to harm reached patient IB-N to | HARM SCORE: Incident (No Har | m): (If NOT related to a patient must be A) | Serious Event (Harm or Death): Event | occurred that contributed to/resulted in |
| B-2 No harm: did not reach pt. because of active recovery G Permanent harm H Near-acted potential received policy Death | | | | |
| □ C No harm: reached patient □ No harm: Monotroing required to confirm no harm □ Death □ Deat | | • | | al or prolonged hospitalization |
| Did event result in new orders for treatment by physician? Yes No. If yes, describe patient's treatment: Did event result in new orders for treatment by physician? Yes No. If yes, describe patient's treatment: Did event result in new orders for treatment by physician? Yes No. If yes, describe patient's treatment: Did event result in new orders for treatment by physician? Yes No. Unknown (If yes complete Health IT/Telehealth Form) Yes Yes No. Unknown (If yes complete Health IT/Telehealth Form) Yes | | • | | are or other life sustaining intervention) |
| Did event result in new orders for treatment by physician? Ves Individual Ind | | lonitoring required to confirm no harm | □I Death | |
| Did event result in new orders for treatment by physician? \(\text{Ves} \) \(\text{No.} \) \(\text{Unknown} \) \(\text{If yes complete Health ITT clehealth Form} \) Was this event related to a telehealth visit? \(\text{CYPS} \) \(\text{No.} \) \(\text{Unknown} \) \(\text{If yes complete Health ITT clehealth Form} \) **CoMPLICATION OF PROCITXTEST** **Individual complication of Procity of Procit | Type of Outcome/Injury: | EVENT (Facts no oninions): | | |
| Did Health IT cause or contribute to this event? TYes TNo TUrknown (iff yes complete Health IT/Telehealth Form) Was this ovent related to a telehealth visit? TYes TNo Iff yes complete Health IT/Telehealth Form) COMPLICATION OF PROCIX/TEST COMPLICATION OF PROCIX/TEST CARSHEASIA event CARSHEASIA ev | BRIEF TAGTORE BEGGRIF TION OF | EVERT (Facts, No opinions): | | |
| Did Health IT cause or contribute to this event? TYes TNo TUrknown (iff yes complete Health IT/Telehealth Form) Was this ovent related to a telehealth visit? TYes TNo Iff yes complete Health IT/Telehealth Form) COMPLICATION OF PROCIX/TEST COMPLICATION OF PROCIX/TEST CARSHEASIA event CARSHEASIA ev | | | | |
| Did Health IT cause or contribute to this event? TYes TNo TUrknown (iff yes complete Health IT/Telehealth Form) Was this ovent related to a telehealth visit? TYes TNo Iff yes complete Health IT/Telehealth Form) COMPLICATION OF PROCIX/TEST COMPLICATION OF PROCIX/TEST CARSHEASIA event CARSHEASIA ev | | | | |
| Did Health IT cause or contribute to this event? TYes TNo TUrknown (iff yes complete Health IT/Telehealth Form) Was this ovent related to a telehealth visit? TYes TNo Iff yes complete Health IT/Telehealth Form) COMPLICATION OF PROCIX/TEST COMPLICATION OF PROCIX/TEST CARSHEASIA event CARSHEASIA ev | Did event result in new orders for tr | eatment by physician? □Ves □No. If we | os doscribo nationt's treatment | |
| As this event related to a telehealth visit? Yes No ff yes complete health Trolehealth Form | bid event result in new orders for the | eatment by physician: Tes TNO. If ye | es, describe patient's treatment. | |
| As this event related to a telehealth visit? Yes No ff yes complete health Trolehealth Form | | | | |
| COMPLICATION OF PROC/TX/TEST □ Anosthesia event □ Acspiration □ Cardiopulmonary arrest □ Death □ Other (specify) □ Cardiopulmonary arrest outside ICU □ Cardiero rube problem □ Complication following surgery or invasive procedure □ Actual reand failure □ Cardiopulmonary arrest outside ICU □ Cardiero rube problem □ Cardiopulmonary arrest outside ICU □ Cardiero rube problem □ Complication following surgery or invasive procedure □ Actual reand failure □ Cardiopulmonary arrest outside ICU □ Cardiero rube problem □ Complication following surgery or invasive procedure □ Actual reand failure □ Cardiopulmonary arrest □ Death □ Death □ Death □ Debent □ Debent □ Dempiration following surgery or invasive procedure □ Actual reand failure □ Cardiopulmonary arrest □ Death □ De | Did Health IT cause or contribute to | this event? Yes No Unknown (If | yes complete Health IT/Telehealth Form |) |
| □ Anesthesia event | Was this event related to a telehealt | h visit? □Yes □No <mark>(If yes complete He</mark> | <mark>alth IT/Telehealth Form)</mark> | |
| o Aspiration O Cardiopulmonary arrest O Death O Intubation trauma O Myocardial infarction O Stroke O Use of reversal agents (Not neuromuscular blockers) O Other (specify) O Cardiopulmonary arrest outside ICtu | | | | |
| O Death O Intubation trauma O Intubation trauma O Intubation trauma O Stroke O Use of reversal agents (Not neuronuscular blockers) O Other (specify) □ Cardiopulmonary arrest outside ICU □ Cathetro or tube problem □ Complication following surgery or invasive procedure □ Cathetro or tube problem □ Cathetro or tube pro | | _ | | |
| ♦ Intibation trauma ♦ Myocardial infarction ♦ Stroke O. Other (specify) □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Cardiopulmonary arrest outside CU cathetor or tube problem □ Deap vince outside Cuther of the problem of tube or other mericical device by patient □ Serious (Pulmonary embolism (PE) □ Deap vince outside Cuther of tube or other mericical device by patient □ Serious (Pulmonary embolism (PE) □ Unplanned return to OR □ Unplanned return to OR □ Unplanned return to OR □ Cuther (specify) □ Deap vince outside outside (Pepcify) □ Deap vince outside | ♦ Cardiopulmonary arrest | Medication | ♦ Result missing or delayed | ♦ Break in sterile technique |
| ♦ Myocardial infarction | | | | |
| ♦ Use of reversal agents (Not neuromuscular blockers) ○ Cher (specify) ○ Cardiopulmonary arrest outside ICU ○ Death | | | ♦ Specimen quality problem | ♦ Count incorrect – Equipment |
| Note of the property of the problem | | | | |
| Catheter or tube problem □ Complication following surgery or invasive procedure ◊ Acute renal failure ◊ Cardiopulmonary arrest ◊ Death ◊ Deep venous thrombosis (DVT) ◊ Intravascular air embolism ◊ Peumonthorax ◊ Pulmonary embolism (PE) ◊ Removal of tube or other medical device by patient ◊ Unplanned transfer to ICU ◊ Wound dehiscence ◊ Other (specify) □ Remore the without being seen ◊ Patient in 302 process eloped with in jury ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Detary ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Detary ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Detary ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Detary ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Detary ◊ United the value of t | 3 | | | |
| Complication following surgery or invasive procedure ◊ Acute renal failure ◊ Acute renal failure ◊ Cardiopulmonary arrest ◊ Death ◊ | ♦ Other (specify) | | | |
| □ Complication following surgery or invasive procedure ◊ Acute renal failure ◊ Cardiopulmonary arrest ◊ Death ◊ Deep venous thrombosis (DVT) ◊ Intravascular air embolism ◊ Percoedure felayed ◊ Procedure not completed ◊ Doath ◊ Deep venous thrombosis (DVT) ◊ Intravascular air embolism ◊ Percoedure invasive procedure ◊ Doath ◊ Discepancy embolism ◊ Percoedure not ordered ◊ Discorpancy embolism ◊ Percoedure not ordered ◊ Discorpancy embolism ◊ Percoedure not ordered ◊ Discorpancy embolism ◊ Percoedure not ordered ◊ Dincorrect reading ◊ MRI sadiable/inadequate ◊ Discorpancy embolism (PE) ◊ Removal of tube or other medical device by patient ◊ Stroke or other neurologic deficit ◊ Unplanned transfer to ICU ◊ Wound dehiscence ◊ Other (specify) □ Emergency Department ◊ Discorpancy between ED interpretation of X-ray/EKG and final reading ◊ Left before visit completed ◊ Left without being seen ◊ Patient in 302 process eloped with injury ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Dietary ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Dietary ◊ Unplanned return to ED within 48 hours requiring admission ◊ Other (specify) □ Perocedure edlayed ◊ Procedure not ordered ◊ Dincorrect reading ◊ MRI sadiable/inadequate ◊ Diserour transfer to ICU ◊ Other (specify) □ Neonatal complication ◊ Not ordered | | ♦ Wound or surgical site injection ♦ Other (specify) | | |
| ♦ Acute renal failure ♦ Cardiopulmonary arrest ♦ Death ♦ Death ♦ Death (DVT) ♦ Deey venous thrombosis (DVT) ♦ Deey venous thrombosis (DVT) ♦ Infection ♦ Death (DVT) ♦ Death (DVT) <td< td=""><td>□ Complication following surgery o</td><td></td><td>♦ Other (specify)</td><td></td></td<> | □ Complication following surgery o | | ♦ Other (specify) | |
| ♦ Cardiopulmonary arrest ♦ Death ♦ Death (a) DVT (Deep Venous Thrombosis) ♦ Infection ♦ Infection ♦ Pater In information of two of the reading on the promoded of the performed on the performed of two of the report of the performed on the performed of the performed on the pe | • | | | |
| ♦ Deep venous thrombosis (DVT) ♦ Intravascular air embolism ♦ Myocardial infarction ♦ Preumothorax ♦ Pulmonary embolism (PE) ♦ Removal of tube or other medical device by patient ♦ Seizure ♦ Unplanned transfer to ICU ♦ Wrong side (L vs. R) ♦ Other (specify) ■ Neonatal complication ♦ Apgar < 5 at 5 minutes ♦ Birth injury or trauma ♦ Neonatal death ♦ Delay in scheduling ♦ Delay in scheduling ♦ Delay in scheduling ♦ Delay in scheduling ♦ Correct reading ♦ MRI safety violation ♦ Not ordered ♦ Other (specify) ■ Report unavailable/delayed ♦ Unplanned transfer to ICU ♦ Apgar < 5 at 5 minutes ♦ Birth injury or trauma ♦ Unplanned transfer to NICU ♦ Other (specify) ■ Correct reading ♦ MRI safety violation ♦ Not ordered ♦ Ordered, not performed ♦ Report unavailable/delayed ♦ Wrong side (L vs. R) ♦ Other (specify) ■ Referral/consult problem ♦ Delay in service ♦ Respir | ♦ Cardiopulmonary arrest | ♦ Death | ◊ Delay in scheduling | ♦ Unintended laceration or puncture |
| ♦ Intravascular air embolism ♦ Myocardial infarction ♦ Peumonthorax ♦ Pulmonary embolism (PE) ♦ Removal of tube or other medical device by patient ♦ Stroke or other neurologic deficit ♦ Unplanned return to OR ♦ Unplanned transfer to ICU ♦ Wound dehiscence ♦ Other (specify) □ Emergency Department ♦ Discrepancy between ED interpretation of X-ray/EKG and final reading ♦ Left before visit completed ♦ Left before visit completed ♦ Patient in 302 process eloped with injury ♦ Progression: Dietary ♦ Pe (Pulmonary Embolism) ♦ Not completed ♦ Not ofdered ♦ Other (specify) ■ Report unavailable/delayed ♦ Wrong patient ♦ Wrong patient ♦ Wrong patient ♦ Wrong side (L vs. R) ♦ Other (specify) ■ Report unavailable/delayed ♦ Wrong patient ♦ Wrong | | | • | ♦ Wrong procedure |
| ♦ Pneumothorax ♦ Pulmonary embolism (PE) ♦ Removal of tube or other medical device by patient ♦ Stroke or other neurologic deficit ♦ Unplanned return to OR ♦ Unplanned transfer to ICU ♦ Wound dehiscence ♦ Other (specify) Birth injury or trauma ♦ Unplanned transfer to NICU ♦ Discrepancy between ED interpretation of X-ray/EKG and final reading ♦ Left before visit completed ♦ Patient in 302 process eloped with injury ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) ■ Cother (specify) ■ Other (specify) ■ Other (specify) ■ Other (specify) ■ Abrasion ■ Blister ■ Wrong procedure ♦ Wrong side (L vs. R) ♦ Wrong side (L vs. R) ♦ Wrong side (L vs. R) ♦ Wrong site ♦ Other (specify) ■ Pressure Injury (PI) How many pressure injuries? Assessed for PI risk prior to developed in plant of the visit completed ♦ Delay in scheduling ♦ Patient in 302 process eloped with injury ♦ Presign body in food ♦ Intrinsipated radiation exposure ♦ Wrong side (L vs. R) ♦ Wrong side (L vs. R) ♦ Other (specify) ■ Pressure Injury (PI) How many pressure injuries? Assessed for PI risk prior to developed in plant of the visit completed ♦ Presign body in food ♦ Intrinsipate visit completed ♦ Presign body in food ♦ Intrin | | ♦ Intrapartum fetal death | | |
| ♦ Pulmonary embolism (PE) ♦ Removal of tube or other medical device by patient ♦ Stroke or other neurologic deficit ♦ Unplanned transfer to ICU ♦ Unplanned transfer to ICU ♦ Other (specify) ■ Neonatal complication ♦ Wrong patient ♦ Wrong side (L vs. R) ♦ Unplanned transfer to NICU ♦ Delay in scheduling ♦ Delay in service ♦ Report unavailable/delayed ♦ Wrong patient ♦ Wrong side (L vs. R) ♦ Wrong side ♦ Other (specify) ■ Referral/consult problem ♦ Delay in service ♦ Report unavailable/delayed ♦ Unplanned transfer to ICU ♦ Wrong side (L vs. R) ♦ Wrong side ♦ Other (specify) ■ Referral/consult problem ♦ Delay in service ♦ Report unavailable/delayed ♦ Wrong patient ♦ Wrong side (L vs. R) ♦ Wrong side ♦ Other (specify) ■ Delay in service ♦ Report unavailable/delayed ♦ Wrong side (L vs. R) ♦ Wrong side ♦ Other (specify) ■ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) ■ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) ■ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) ■ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) ■ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) ■ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) | | | • | |
| ♦ Removal of tube or other medical device by patient ♦ Utreline rupture ♦ Other (specify) Brownal dehiscence ♦ Utreline rupture ♦ Utreline rupture ♦ Other (specify) Brownal complication ♦ Apgar < 5 at 5 minutes ♦ Burn (electrical, chemical, thermal) ♦ Wrong side (L vs. R) ♦ Other (specify) □ Delay in scheduling ♦ Delay in scheduling ♦ Delay in service ♦ Resport unavailable/delayed ♦ Other (specify) □ Delay in service ♦ Resport unavailable/delayed ♦ Other (specify) □ Delay in service ♦ Resport unavailable/delayed ♦ Other (specify) □ Delay in service ♦ Resport unavailable/delayed ♦ Other (specify) □ Respiratory care ♦ Mespiratory care ♦ Mespiratory care< | | | | |
| ♦ Stroke or other neurologic deficit ♦ Other (specify) ♦ Wrong patient ♦ Wrong procedure ♦ Blister ■ Blurn (electrical, chemical, thermal) ♦ Unplanned transfer to ICU ♦ Wound dehiscence ♦ Blith injury or trauma ♦ Wrong side (L vs. R) ■ Laceration/cut ■ Laceration/cut ■ Laceration/cut ■ Pressure Injury (PI) ♦ Discrepancy Department ♦ Discrepancy between ED interpretation of X-ray/EKG and final reading ♦ Unplanned transfer to NICU ♦ Other (specify) ■ Referral/consult problem ♦ Delay in scheduling | | | ♦ Report unavailable/delayed | |
| ♦ Unplanned return to OR Image: Neonatal complication ♦ Wrong procedure Image: Blister Image: | | | | □ Abrasion |
| ♦ Wound dehiscence ♦ Other (specify) □ Emergency Department ♦ Discrepancy between ED interpretation of X-ray/EKG and final reading ♦ Left before visit completed ♦ Left without being seen ♦ Dietary ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) □ Dietary ♦ Pressure Injury (PI) How many pressure injuries? Assessed for PI risk prior to developed ♦ Referral/consult problem ♦ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) □ Referral/consult problem ♦ Delay in service ♦ Report unavailable/delayed ♦ Other (specify) □ Respiratory care ♦ Medical gas problem ♦ Medical gas problem ♦ Medical gas problem ♦ Medical gas problem ♦ Self/unplanned extubation ♦ Self/unplanned extubation ♦ Other (specify) □ Pressure Injury (PI) How many pressure injuries? Assessed for PI risk prior to developed ♦ Cother (specify) □ Prespiratory care ♦ Medical gas problem ♦ Medical gas problem ♦ Self/unplanned extubation ♦ Other (specify) □ Pressure Injury (PI) How many pressure injuries? Assessed for PI risk prior to developed ♦ Other (specify) □ Prespiratory care ♦ Merical ass problem ♦ Merical ass problem | ◊ Unplanned return to OR | □ Neonatal complication | ♦ Wrong procedure | |
| Other (specify) | | | | , |
| ♦ Discrepancy between ED interpretation of X-ray/EKG and final reading hyperbilirubinemia ♦ Delay in scheduling Assessed for PI risk prior to developed belayed □ Yes □ No □ Unknown Were PI interventions implemented ♦ Left before visit completed □ Conset of hypoglycemia during care other (specify) □ Other (specify) □ Respiratory care □ Were PI interventions implemented ♦ Delay in service □ Delay in service □ Pes □ No □ Unknown ♦ Respiratory care □ Were PI interventions implemented ♦ Other (specify) □ Pes □ No □ Unknown Progression: hospital acquired PI? □ Yes □ No □ Unknown ♦ Medical gas problem □ Medical gas problem □ Medical gas problem □ Yes □ No □ Unknown ♦ Foreign body in food ♦ Incorrect diet □ No □ Unknown □ Unplanned/emergent intubation following procedure/treatment/test □ Yes □ No □ Unknown ♦ NPO patient given food ♦ Patient allergy to diet ♦ Ventilator alarms inaudible □ Unstageable □ Deep Tissue ♦ Ventilator settings wrong/changed without authorization □ Venous stasis ulcer □ Other (specify) | ♦ Other (specify) | _ | ♦ Other (specify) | |
| interpretation of X-ray/EKG and final reading ♦ Left before visit completed ♦ Left without being seen ♦ Patient in 302 process eloped with injury ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) □ Dietary ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) □ Dietary ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) □ Dietary ♦ Patient allergy to diet ♦ NPO patient given food ♦ Patient allergy to diet ♦ NPO patient given food ♦ Patient allergy to diet ♦ Other (specify) □ Ves □ No □ Unknown Progression: hospital acquired PI? □ Yes □ No □ Unknown Missed treatment ♦ Self/unplanned extubation ♦ Unplanned/emergent intubation following procedure/treatment/test ♦ Ventilator alarms not set properly ♦ Ventilator settings wrong/changed without authorization □ Yes □ No □ Unknown Mere Pl interventions implemented □ Yes □ No □ Unknown Mere Pl interventions implemented □ Yes □ No □ Unknown Progression: Pl present on admit? □ Unstageable □ Deep Tissue □ Rash/hives □ Skin tear □ Venous stasis ulcer □ Other (specify) □ Yes □ No □ Unknown Vere Pl interventions implemented □ Yes □ No □ Unknown Nere Pl interventions implemented □ Yes □ No □ Unknown Nere Pl interventions implemented □ Yes □ No □ Unknown Progression: Pl present on admit? □ Unstageable □ Deep Tissue □ Rash/hives □ Skin tear □ Venous stasis ulcer □ Other (specify) | | | | |
| ♦ Left before visit completed ♦ Left without being seen ♦ Patient in 302 process eloped with injury ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) □ Dietary ♦ Foreign body in food ♦ Incorrect diet ♦ NPO patient given food ♦ Patient in 302 process eloped with injury ♦ Unplanned return to ED within 48 hours requiring admission ♦ Foreign body in food ♦ Progression: hospital acquired PI? □ Wespiratory care ♦ Medical gas problem ♦ Self/unplanned extubation ♦ Unplanned/emergent intubation following procedure/treatment/test ♦ Ventilator alarms inaudible ♦ Ventilator alarms not set properly ♦ Ventilator settings wrong/changed without authorization | interpretation of X-ray/EKG and | ♦ Unplanned transfer to NICU | ♦ Delay in service | |
| ♦ Left without being seen ♦ Patient in 302 process eloped with injury ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) ■ Other (specify) □ Dietary ♦ Foreign body in food ♦ Incorrect diet ♦ NPO patient given food ♦ Patient in 302 process eloped with injury ♦ Medical gas problem ♦ Missed treatment ♦ Self/unplanned extubation ♦ Self/unplanned/emergent intubation following procedure/treatment/test ♦ Ventilator alarms inaudible ♦ Ventilator alarms not set properly ♦ Ventilator settings wrong/changed without authorization | | | | |
| ♦ Patient in 302 process eloped with injury ♦ Unplanned return to ED within 48 hours requiring admission ♦ Other (specify) ■ Other (specify) ■ Progression: PI present on admit? ■ Yes ■ No ■ Unknown ♦ Self/unplanned extubation ♦ Unplanned/emergent intubation following procedure/treatment/test ♦ Ventilator alarms inaudible ♦ Ventilator settings wrong/changed without authorization ■ Yes ■ No ■ Unknown ■ Stage: ■ Unknown ■ Stage: ■ Unstageable ■ Deep Tissue ■ Rash/hives ■ Skin tear ■ Venous stasis ulcer ■ Other (specify) | ♦ Left without being seen | □ Other (specify) | □ Respiratory care | Progression: hospital acquired PI? |
| \(\text{Unplanned return to ED within 48 hours requiring admission} \(\text{Other (specify)} \) \(\text{Dietary} \) \(\text{Self/unplanned extubation} \(\text{Other (specify)} \) \(\text{Ventilator alarms not set properly of the without authorization} \) \(\text{Ventilator alarms not set properly of the continuous distinction} \) \(\text{Ventilator alarms not set properly of the continuous distinction} \) \(\text{Ventilator settings wrong/changed without authorization} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) \(\text{Venous stasis ulcer of the continuous distinction} \) | | ERROR REL. TO PROC/TX/TEST | ♦ Medical gas problem | |
| hours requiring admission ♦ Other (specify) NPO patient allergy to diet ♦ Other (specify) Other (specify) ♦ Other (specify) | | | | □Yes □No □Unknown |
| ♦ NPO patient given food ♦ Ventilator alarms inaudible □ Rash/hives ♦ Patient allergy to diet ♦ Ventilator alarms not set properly □ Skin tear ♦ Ventilator settings wrong/changed without authorization □ Venous stasis ulcer □ Other (specify) □ Other (specify) | hours requiring admission | ♦ Foreign body in food | ♦ Unplanned/emergent intubation | |
| ♦ Patient allergy to diet ♦ Ventilator alarms not set properly □ Skin tear ♦ Ventilator settings wrong/changed without authorization □ Venous stasis ulcer □ Other (specify) □ Other (specify) | ○ Otner (specify) ☐ | | | |
| without authorization □ Other (specify) | | | | □ Skin tear |
| William data on East o | | A Other (anacifu) | | - Vangue atacia ulas- |
| | | ♦ Other (specify) | ◊ Ventilator settings wrong/changed | |

| FALLS | MEDICATION ERROR | TYPE OF MEDICATION | TRANSFUSION |
|--|--|--|--|
| Type of fall: | Type of Medication Error: | Medication Administered: | □ Apparent transfusion reaction |
| □ Ambulating | □ Dose omission | Name | □ Consent missing/inadequate |
| □ Assisted sit / fall | □ Extra dose | DoseRoute | □ Event related to blood product |
| □ Found on floor | □ Inadequate pain management | If IV: □ Push □ Piggyback □ Cont. | administration |
| □ From stretcher □ Grounds of facility | ☐ Medication list incorrect☐ Med reconciliation issue at admission | Frequency Strength/Conc | □ Event related to blood product dispensing or distribution |
| □ Hallways of facility | □ Med reconciliation issue at discharge | Medication Class | □ Event related to blood product |
| □ In Exam Room / from exam table | □ Monitoring error (includes | High Alert Medication: | sample collection |
| □ Lying in bed | contraindicated drugs) | □ Benzodiazepine | □ Incomplete documentation on the |
| □ Sitting at side of bed □ Sitting in chair / wheelchair | ♦ Clinical (lab value, vital sign) ♦ Contaminated drug/biologic | □ Cardioplegic solutions □ Chemotherapeutic agent | transfusion record |
| □ Toileting | ♦ Deteriorated drug/biologic | □ Chloral hydrate | □ Special product need not issued |
| □ Transferring | ♦ Documented allergy | □ Colchicine injection | □ Special product need not requested |
| □ Other (specify) | ♦ Drug-disease interaction | □ Dialysis solutions | □ Wrong component issued |
| <u>Witnessed</u> ? □Yes □No □Unknown | ♦ Drug-drug interaction♦ Drug-food/nutrient interaction | □ Epidural or intrathecal medications | □ Wrong component requested □ Wrong patient requested |
| Witness name: | ♦ Other (specify) | □ General anesthetic agents, | □ Wrong patient transfused |
| Patient lost consciousness? | □ Prescription/refill delayed | inhaled and IV (e.g., propofol) | □ Other (specify) |
| □Yes □No □Unknown | □ Unauthorized drug □ Wrong | ☐ Glycoprotein IIb/IIIa inhibitors | EQUIPMENT/SUPPLIES/DEVICE |
| Altered mental status? | | (e.g., eptifibatide) □ Hypertonic dextrose (dextrose > | □ Disconnected |
| □Yes □No □Unknown Patient requires assistance to rise | ♦ Dosage form | or = to 20%) | □ Electrical problem |
| from chair? | ♦ Dose/over dosage | □ Hypertonic sodium chloride | □ Equipment/device malfunction □ Equipment/device misuse |
| □Yes □No □Unknown | ♦ Dose/under dosage♦ Duration | (Sodium Chloride > 0.9%) | □ Equipment/device not available |
| Altered elimination? | | □ Insulin □ IV adrenergic agonists (e.g., | □ Equipment safety situation |
| □Yes □No □Unknown | ◊ Rate (IV) | epinephrine) | ♦ Failed test of standard procedure |
| <u>Dizziness or vertigo</u> ? □ Yes □ No □ Unknown | ♦ Route | □ IV adrenergic antagonists (e.g., | Preventive maintenance inadequate/not performed |
| Patient depressed? | ♦ Strength/concentration♦ Technique | propranolol) | ♦ Other (specify) |
| □Yes □No □Unknown | | □ IV amiodarone □ IV Calcium | □ Equipment wrong or inadequate |
| Fall precaution/protocol in place? | Other (specify) | □ IV calcium □ IV inotropic medications (e.g., | □ Inadequate supplies |
| □Yes □No □Unknown | | digoxin, milrinone) | □ Medical device problem□ Broken item(s) |
| <u>Identify precaution/protocol</u> : □Patient risk identifiers | Stage in medication process where event occurred: | □ IV Magnesium Sulfate | □ Outdated item(s) |
| □Patient risk identifiers □Patient and family education | □ Administration | □ IV moderate sedation agents (e.g., midazolam) | □ Sterilization problem |
| □Hourly (or more frequent) comfort | □ Monitoring | □ IV Potassium | □ Other (specify) |
| and toileting rounds | □ Preparation/dispensing | □ IV radiocontrast agents | ***If equipment/device involved*** |
| □Nurse call system □Alarms present: bed exit, or chair | □ Prescribing□ Transcription/order processing | ☐ IV Theophylline☐ IV thrombolytics/fibrinolytics (e.g., | Name of equipment/device: |
| □Appropriate footwear/clothing | □ Other (specify) | tenecteplase) | |
| □Equipment used: bedrails up, high- | **Complete TYPE OF MEDICATION** | □ IV unfractionated heparin | |
| low beds, fall mats □Other (specify) | | □ Lidocaine, local anesthetics in large | Bed Space # |
| Restraints in place? | Was the medication administered | vials □ Liposomal forms of drugs (e.g., | Manufacturer |
| □Yes □No □Unknown | the same as prescribed? □Yes □ No □N/A | liposomal amphotericin B) | Model # Serial # |
| If Yes, Type: | If No, Medication Prescribed: | □ Low molecular weight heparin | Lot # |
| Sitter in place: | Name | injection | Biomedical Engineering # |
| □Yes □No □Unknown Drug induced/contributed to? | Dose Route | □ Neuromuscular blocking agents □ Nesiritide | Biomedical Asset # |
| □Yes □No □Unknown | If IV: □Push □Piggyback □Cont. Frequency | □ Nitroprusside sodium for injection | Removed from service: □Yes □No □Unknown |
| Medications received prior to fall? | Strength/Conc | □ Opiates/Narcotics | OTHER |
| □Anticoagulants | Medication Class | □ Oral methotrexate, non-oncologic use | □ Against Medical Advice (AMA) |
| □Anti-seizure medications □Antipsychotic | Number of doses affected: | □ Oral hypoglycemic | □ Combative/violent behavior |
| □Benzodiazepines(e.g.Valium, Ativan) | Appropriate for Patient? □Yes □No □Unknown □N/A | □ Total parenteral nutrition solutions | □ Consent problem |
| □Cardiac/hypertensive meds | Order Type: | □ Warfarin | Contraband Deviation from policy/precedure |
| □Diuretics | □Computer-based provider order | ADVERSE DRUG REACTION | □ Deviation from policy/procedure □ Electric shock to patient |
| □Laxatives □Pain medications/opiates | entry | □ Arrhythmia | □ Identification of patient/site |
| □Other (specify) | □First dose □One-time dose | □ Dizziness□ Hematologic problem | □ Inappropriate discharge |
| Fall risk Assessment completed? | □PRN (as needed) | □ Hypotension | □ Other unexpected death□ Restraint/Seclusion |
| □Yes □No □Unknown | □Scheduled dose | □ Mental status changes | ♦ Death in restraints |
| At time of last assessment, was patient determined at risk? | □Verbal order | □ Nephrotoxicity | ♦ Within 24 hours of removal |
| □Yes □No □Unknown | □Written order Patient Weight: □kg. □lbs. | □ Skin reaction (rash, blister, itching, hives) | ♦ Injury in restraints |
| Level of injury as a result of the fall | Source Of Medication (check all that | , | □ Patient Self-Harm ◊ Anorexia/bulimia |
| (check one): | apply): | **Complete TYPE OF MEDICATION** | ♦ Ingestion of foreign object or |
| □No injury □Minor □Moderate □Major □Death | □ Another patient's supply | | substance |
| Does patient have recent history of | Automated Dispensing Machine (e.g., Pyxis, Omnicell) | <u>Start Date</u> :// Stop Date:// | ♦ Self-mutilation♦ Suicide attempt - Injury |
| visual impairment? | □ Central inpatient pharmacy | ADR abated after use stopped or | ♦ Suicide attempt - Injury ♦ Suicide - Death |
| □Yes □No □Unknown | □ Central outpatient pharmacy | reduced? | ♦ Other (specify) |
| Does patient have recent history of | □ Central Supply | □Yes □No □Unknown □N/A | □ Unanticipated transfer to higher |
| <u>hearing impairment</u> ? □Yes □No □Unknown | □ Code tray □ Delivery bin | ADR reappeared after reintroduction? | level of care Intra-facility transfer to higher |
| Does patient have prior history of | □ Floor stock | □Yes □No □Unknown □N/A | acuity unit |
| falls? | □ Investigational medication | Was drug involved in ADR | ◊ Inter-facility transfer to higher |
| □Yes □No □Unknown | □ IV Room □ Medication cart | <u>appropriate for condition</u> ? □Yes □No □Unknown □N/A | acuity facility/unit |
| Additional Safety Precautions: | □ Medication from home | Were appropriate therapeutic drug | ♦ Other (specify) |
| Surface conditions: | □ Oncology clinic pharmacy | monitoring or other lab tests | |
| □Wet □Dry □Unknown | □ OR pharmacy | performed and results used? | |
| Bed Position: | Other automated system (filling, bar coding, etc.) | □Yes □No □Unknown □N/A Toxic serum drug level | |
| □High □Low □Unknown | □ Other satellite pharmacy | documented? | |
| <u>Call Light on</u> : □Yes □No □Unknown | □ Outsourced/Contract Pharmacy | □Yes □No □Unknown □N/A | |
| Side rails up? | □ Sample medication | Previously documented history of | |
| □Yes □No □Unknown | ☐ Other/Unknown Cause Of Medication Error: | <u>allergy or reaction to drug</u> ? □Yes □No □Unknown □N/A | |
| # = 1 = 2 = 3 = 4 | | Drug-drug, drug-food or drug-lab | |
| □Upper □Lower□Full | | interaction involved in ADR? | |
| <u>Bed alarm on</u> ? □Yes □No □Unknown | | □Yes □No □Unknown □N/A | |
| Other factors: | | If Yes, interaction with what? | |
| □Footwear □Lighting | | Poor compliance involved in ADR? | |
| □Obstacles □Unknown | | □Yes □No □Unknown □N/A | |
| | | | |