

Portsmouth Hospitals NHS <small>NHS Trust</small>		ADVERSE INCIDENT REPORTING FORM		Incident No.: 22863	
ALL RED INCIDENTS SHOULD BE REPORTED IMMEDIATELY WITHIN WORKING HOURS - RISK MANAGEMENT DEPARTMENT, ext's 2476 or 327n OUTSIDE WORKING HOURS - DUTY MANAGER VIA SWITCHBOARD					
AFFECTED PERSON DETAILS <small>(affix patient label, if available (appropriate))</small> Full Name: _____ Code A _____ Hospital Number: Code A <input type="checkbox"/> Code A <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/> If accident - please record any immediate action: Occ Health <input type="checkbox"/> A&E <input type="checkbox"/> GP <input type="checkbox"/> First Aid <input type="checkbox"/> None <input type="checkbox"/> Was the accident RIDDOR reportable? <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <small>(See guidance notes on inside back page)</small> If YES, has the accident been reported? YES / NO			INCIDENT DETAILS QAH <input checked="" type="checkbox"/> SMH <input type="checkbox"/> RHH <input type="checkbox"/> Division: <u>Surgery</u> Speciality: <u>Orthopaedics</u> Sub-speciality: <u>#NOF</u> Ward: <u>D2</u> Incident date: <u>21-4-04</u> Incident time: <u>1400</u> Date reported: <u>22-4-04</u> Incident recorded in patients notes? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Patient informed? YES / NO Relative informed? YES / NO Do you consider this a near miss? YES / NO <small>(If yes, do not grade)</small>		
INITIAL INCIDENT GRADING Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Amber: <input type="checkbox"/> Red: <input checked="" type="checkbox"/>					
Summary of incident and immediate actions - facts only, not opinion <u>21-4-04</u> <u>patient due for transfer to GWM.</u> <u>I was called into Room 16 by JN Jan</u> <u>Lord (A) who had discovered Mrs</u> <u>Redingfield collapsed and taking</u> <u>shallow delayed respirations. I pulled</u> <u>cardiac arrest buzzer, Respiration</u> <u>ceased no pulse felt and cardio</u> <u>pulmonary resuscitation was</u> <u>commenced. Team arrived, C&P</u> <u>continued, decision made to stop.</u> <u>Cardiac arrest officer Nicky Poplett</u> <u>came to ward, whilst completing</u> <u>post cardiac arrest documentation</u> <u>noted that patient had not been</u> <u>seen by G&H team since 15-4-04.</u> <u>JNO's had not been routinely</u> <u>reviewing patient on a daily basis</u> <u>or documenting in notes / next of kin</u> <u>pathway despite requests and phone</u> <u>and frequent checks from nursing staff.</u>					
Signature of person completing form Name/Grade (please print) <u>VW DYKES</u> Code A _____ Contact No./Bip <u>6606</u>					
If equipment involved, where retained _____		By whom _____		Serial No. _____	
If incident is graded green or yellow, who is responsible for any necessary actions? Grade/Title _____ Name _____ Team/Speciality/Ward _____ Ext: _____					
To be completed by Risk Management department only					
Date received _____		Form reviewed by _____		Action taken by _____	
Occupational Health _____		Claims _____		Complaints _____ Other _____	
CODE					

Portsmouth Hospitals NHS <small>NHS.uk</small>		ADVERSE INCIDENT REPORTING FORM		Incident No.: 22901	
ALL RED INCIDENTS SHOULD BE REPORTED IMMEDIATELY WITHIN WORKING HOURS - RISK MANAGEMENT DEPARTMENT, ext's. 2476 or 3278. OUTSIDE WORKING HOURS - DUTY MANAGER VIA SWITCHBOARD					
AFFECTED PERSON DETAILS			INCIDENT DETAILS GAH <input type="checkbox"/> SMH <input type="checkbox"/> RHH <input type="checkbox"/>		
(affix patient label if available)			Division: <u>SURGERY</u> Speciality: <u>ORTHOPAEDIC</u>		
Full Name: Code A			Sub-speciality: <u># Nof</u> Ward: <u>D2</u>		
Hospital Number Code A DOB Code A			Incident date: <u>21.4.04</u> Incident time: <u>14:20</u>		
Patient <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>			Date reported: <u>22.4.04</u>		
If accident - please record any immediate action			Incident recorded in patients notes? YES / NO		
Occ Health <input type="checkbox"/> A&E <input type="checkbox"/> GP <input type="checkbox"/> First Aid <input type="checkbox"/> None <input type="checkbox"/>			Patient informed? YES / NO		
Was the accident RIDDOR reportable? YES / NO <small>(See guidance notes on inside back page)</small>			Relative informed? YES / NO		
If YES, has the accident been reported? YES / NO			Do you consider this a near miss? YES / NO <small>(If yes, do not grade)</small>		
INITIAL INCIDENT GRADING					
Green: <input type="checkbox"/> Yellow: <input type="checkbox"/> Amber: <input type="checkbox"/> Red: <input checked="" type="checkbox"/>					
Summary of incident and immediate actions - facts only, not opinion					
<p> Patient due for transfer to GUMH 21/4/04, however as patient not seen reviewed and patient complained of shortness of breath and increased respiratory I contacted orthopaedic team to review patient prior to discharge to see if medically fit. Blooded GAH also blood number 1363. The clinical SHO on ward 1366 was looking after her patients on D2 due to over patient allocation to SHO 1363. Doctor on 1366 had own patients to review and more patients now so reported I contacted blood 1363 to review over from patient. Ben claimed they were busy and that other should review. I asked them to discuss between themselves and review patient ASAP. No doctor arrived so contacted area registrar and gave information to him (also explained that a while list of GAH team just to do). No response until approx 15:00 when SHO on 1366 came to do job. Work not prioritised patient not reviewed by staff nurse and another arrest call made. Patient subsequently did not survive. </p>					
Code A					
Signature of person completing form:					
Name/Grade (please print) <u>G. WEBB (E) RGN</u> Contact No./Bip <u>6606</u>					
If equipment involved, where retained		By whom		Serial No.	
If incident is graded green or yellow, who is responsible for any necessary actions?					
Grader/Title		Name		Team/Speciality/Ward Ext.	
To be completed by Risk Management department only					
Date received		Form reviewed by		Action taken by	
Occupational Health		Claims		Complaints Other	
CODE					