

12 MAY 2005

# Adverse Event Report Form A

For guidance see 'How to complete the Form' information sheet and when completing the blue tinted columns refer to the 'Code Guidance' sheet.

To be completed by any member of staff in BLOCK CAPITALS using a black ballpoint pen. Incomplete or illegible forms will be returned. Serious untoward Incidents such as unexpected death must be reported IMMEDIATELY to your PCT HQ regardless of the day or time. A Critical Incident is a serious, untoward event i.e. accident or incident, which has caused severe harm or injury to PCT services, premises or property, the organisation as a whole or in particularly upsetting cases staff, patients, volunteers or members of the public.

<b>A - Who was involved in the incident?</b>		Please complete details of all those involved in the incident - the persons affected, witnesses etc. (See Section A guidance for further information). If necessary use Form B for continuation.											
Name of Person Affected	Sex M/F	Occupation (as applicable)	Home Address	Date of Birth	See Section A of Code Guidance			A4 Patient No.	A5 Patient's Consultant	A6 PCT			
					A1 Ethnic Group	A2 Person Status	A3 Mental Health						
<b>Code A</b>	m	Retired	<b>Code A</b>	31/5/36	1	A		9105605	DR LORD	ST G			
Names of:	Sex M/F	Job Title/Occupation (as applicable)	Base/Home Address	Date of Birth	A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT			
Person reporting -		STAFF NURSE	DAEDARUS WARD SUMM										
<b>Code A</b>													
Others involved -													
<b>B - When &amp; where did the incident occur?</b>		Date 06/05/05 Time 17:05 am/pm	Site name SUMM.	Area (e.g. b/rm)									
			Ward dept DAEDARUS	Service 9	Independent Practice								
<b>C - What happened?</b>		In CAPITALS, please describe briefly what happened, stating only facts and not opinion (Please use Continuation Sheet if required)											
		What type of incident (see codes) 60 For all events of assault against staff complete and attach Form B (indicate here)											
<p>PATIENT arrived from QAM with a DRUGS CHART TO SAY HE IS ON WARFARIN. INR not recorded and only Dose for today Friday 6/5 written up. we phoned the ward &amp; they said INR 1. Message left for Duty Dr to review warfarin tomorrow. No Drs here after 17.00. w/ends.</p>													
<b>D - Impact on person affected/Impact on PCT?</b>		(See Section D guidance for further information) - PLEASE USE FORM B TO DETAIL EFFECTS ON OTHERS INVOLVED											
Physical - Eg. Musculoskeletal, Unexpected deterioration		<input type="checkbox"/>	Psychological	<input type="checkbox"/>	Social	<input type="checkbox"/>	Unknown	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>			
Description/Nature of injury and affected area													
Degree of Harm/Damage		None	<input type="checkbox"/>	Action Prevented Harm/Damage	<input type="checkbox"/>	Low	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Unexpected Death/Catastrophic event	<input type="checkbox"/>
If Staff, did they complete their shift?		<input type="checkbox"/> YES <input type="checkbox"/> NO											
<b>E - What property was affected?</b>		DAMAGE/THEFT/LOSS/FAILURE OF/TO *Delete as appropriate. (Please include details of property on Continuation Sheet). (See Section B guidance for further information)											
		Approx Value £											
<b>F - How was the event dealt with?</b>		What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)											
		24 MAY 2005											
<b>G - Medication adverse events</b>		Please tick and complete Form B		<input type="checkbox"/>	<b>H - Medical device/equipment incidents</b>			Any defective equipment should be detained for inspection		Please tick and complete Form B		<input type="checkbox"/>	

This section MUST be completed by the Ward/Area/Department Manager before passing the form to the Senior Manager

**I - Ward/Area/Department Managers action**

What action will be taken immediately and longer term to prevent reoccurrence?

CONTACTED WARD TO DW WARD MANAGER INCIDENT. IN FUTURE THEY WILL ENSURE ALL INFORMATION IS SENT WITH PT OR AT LEAST ALLOWED THROUGH LATER.

<b>I.1 Why did it happen?</b>	<b>I.2 Future Risk?</b>
Causes	Impact Code
Contributory Cause	Likelihood of re-occurrence
Name and Job Title of Ward/Department Manager	

**Code A** Date 09/05/05

This section to be completed by the service/senior manager (See Section J guidance for further information)

**J - Service/Senior Managers action**

Who else has been informed? (PLEASE TICK RELEVANT BOXES)

Copies of forms relating to staff accidents must be sent to Occupational Health and Human Resources

Occupational Health  Medicines & Healthcare Products Regulations Agency (MHRA)

Human Resources  Health and Safety Executive (RIDDOR)

Agency/Bank Co-ordinator  Emergency Services called

Complaints Manager

What other action will be taken to prevent reoccurrence & share learning?

Name and Job Title of Service/Senior Manager **Code A** Date 10/5/05