Fareham and Gosport NHS

Adverse Event Report Form A

Form no. 6213

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.

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Form no. 6213 Fareham and Gosport Primary Care Trust Primary Care Trust												
Rent		LVCIII	ne	porti								
G - Medicatio	n adverse events	Stage of T	reatment	Desc	cription of event (E	g. Allergy, form	ulation)	Wo	See se	ction G of c	ode guidance for	relevant codes
Арр	proved Name	Pro	oprietary	Name	Form	Manufactur	er	Batch No. Dose			Frequency	Route
1.												
H - Medical d	evice/equipment inci	idents	Any defe	ctive equipment sho	ould be detained	for inspection						
Type of device	Location	Product Name	Model	Manufacturer	Supplier	Catalogue	Ser	ial	Batch	Expiry	Date	Quantity
(see H codes)	Lucation	Troduct Name	MOUGI	Manufacturer	oupprici	Number	Num	iber	Number	Date	Manufactured	Defective
	74.45											
Any further in	formation relating to	the incident and t	the affec	t on people involv	ved							
	5											
						1.1.1		_				
Acts of violen	ce against PCT staff											
1. Please state	why the assailant was or	n the premises.										
	h Pat	"art										
2. Please detail	any relevant information	about the assailants	s condition	n prior to the assault	•							
Han	3 Sera	- De	na	the.								
3. Please includ	de any relevant details ab	oout the environment	at the tim	e of the incident (no	ise levels, lightin	g etc.)						
لقرك	e Door	n on .	مص	-d.								
4. Please provi	de specific detail of the a	issault i.e. A struck B	how hai	rd etc.								
A	s on l	Form	A.									
Were the poli	ce called?	YES/NO delete	as appro	priate)							Sec. 1	The sea
	lled, please detail the foll				States and							Sec. Sec.
1. Time of call:			ate:									
2. Name of pers	son reporting	and the second						1		1. M. J. W.		
	ttended: name, station ar	nd contact number	1.1.19	199			-	-				
b) If police d	id not attend explain why	/ not					A					N. S. S. S. S.
4. Police action	to be taken - none, pros	ecution, not known, v	verbal war	ning, other (please s	tate)	- 15 A 16 A	-					
									•			
5 Hac a staff m	nember taken any sick lea	ave as a result of the	incident?									
	cost of staffing due to abs			ement staff		YES / NO	£					
6. Estimated co	st of damage to equipme	ent					£					
			2 Martines				-					
	o you intend to provide a				1010 16 40 3 1	YES / NO						
	o you intend to withhold		ailant?			YES / NO	1963.55		10.202		NO PARTA	
9. Any other rel	levant information / comr	ments										

Please ensure that the form number shown at the top of this form corresponds with the original number from Form A and attach if possible.