

# 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.

A - Who was involved in the incident?		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>	F	N/A	<b>Code A</b>	14/6/39	1	28	1	9101589	SEVELS	F + 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 -	F	SULTAN	SULTAN	9/1/78	1	15	N/A	N/A	N/A	N/A	
Others involved -											
B - When & where did the incident occur?		Date 27/7/05 Time 22:00 am/pm		Site name GWMH			Area (e.g. b/rm)				
				Ward dept SULTAN			Service 8 Independent Practice <input type="checkbox"/>				
C - What happened?		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) 39 For all events of assault against staff complete and attach Form B (indicate here) <input type="checkbox"/>									
PATIENT TOLD ME SHE WAS GIVEN AN EXTRA DOSE OF METFORMIN AT 22.00. ON INVESTIGATION SHE WAS CORRECT - SEE DRUG CHART. BLOOD SUGAR 6.4 AT 8am REPORTED TO SISTER RUSSELL											
D - Impact on person affected/Impact on PCT?		(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 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 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									
E - What property was affected?		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 £ <input type="text"/>									
F - How was the event dealt with?		What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)									
BLOOD SUGARS CHECKED REGULARLY AT 0730 Bm's 6.8. NO ADVERSE EFFECTS. REPORTED TO DOCTORS.											
G - Medication adverse events		Please tick and complete Form B <input type="checkbox"/>		H - Medical device/equipment incidents		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?

DRUG CHART WAS NOT CLEARLY WRITTEN.

<b>I.1</b> Why did it happen?	<b>I.2</b> Future Risk?
Causes 8	Impact Code NM
Contributory Cause 8	Likelihood of re-occurrence RA
Name and Job Title of Ward/Department Manager	Date

KYRLEAN SULTAN Ward Date 29/8/05

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 31/10/05



Form no. 7007

Fareham and Gosport **NHS**  
Primary Care Trust**Adverse Event Report Form B**G - Medication adverse events Stage of Treatment 3 Description of event (Eg. Allergy, formulation) 13 See section G of code guidance for relevant codes

Approved Name	Proprietary Name	Form	Manufacturer	Batch No.	Dose	Frequency	Route
METFORMIN	Metformin Hydrochloride	TAB	APS		500mg	2 DAYS	ORAL

H - Medical device/equipment incidents Any defective equipment should be detained for inspection

Type of device (see H codes)	Location	Product Name	Model	Manufacturer	Supplier	Catalogue Number	Serial Number	Batch Number	Expiry Date	Date Manufactured	Quantity Defective

Any further information relating to the incident and the affect on people involved

The time was charged for Metformin on the day but it was not crossed out, consequently she had one extra dose, but only on the one day.

Kyleone SSN Sudden Wad  
25/10/05

Acts of violence against PCT staff

- Please state why the assailant was on the premises.
- Please detail any relevant information about the assailants condition prior to the assault.
- Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.)
- Please provide specific detail of the assault i.e. A struck B...how hard etc.

Were the police called?  YES /  NO (delete as appropriate)

If Police were called, please detail the following:

1. Time of call: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name of person reporting

3. a) If police attended: name, station and contact number

b) If police did not attend explain why not

4. Police action to be taken - none, prosecution, not known, verbal warning, other (please state)

5. Has a staff member taken any sick leave as a result of the incident?  
- estimated cost of staffing due to absence, estimated cost of replacement staff

YES / NO

£

6. Estimated cost of damage to equipment

£

7. Have you / do you intend to provide assailant with written warning?

YES / NO

8. Have you / do you intend to withhold treatment to the assailant?

YES / NO

9. Any other relevant information / comments