

Form no. 7037 ✓

# 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	BTD.	<b>Code A</b>	15.6.28	1	28	6	G 060914	DR LORR	F 2 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 - KYNNE BARRETT	F	R.N.	SULTAN WARD G.W.M.H.	5/2/05	1	15				F 2 G			
Others involved - <b>Code A</b>	F	R.N.	SULTAN WARD G.W.M.H.	18/9/74	16	15				F 2 G			
B - When & where did the incident occur?		Date	Time	Site name	Area (e.g. b/r/m)								
		11/05	08:15 am/pm	G.W.M.H.	SULTAN								
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) <b>15</b> For all events of assault against staff complete and attach Form B (indicate here)											
<b>Code A</b>		IS BOARDED FOR CO-CODAMOL 30/500. Q.D.S. SHE HAS ALSO BEEN GIVEN TWO DOSES OF 1G PARACETAMOL WHICH IS CONTRAINDICATED BECAUSE OF THIS PARACETAMOL CONTAINED WITHIN THE CO-CODAMOL. SHE BEGAN FEELING UNWELL THIS AM AND WAS SEEN BY DR D. COLLINS. OBSERVATIONS WITHIN NORMAL LIMITATIONS											
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 checked="" 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										
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)											
		DR D COLLINS DIDN'T FEEL ANY TREATMENT WAS INDICATED. HE DID HOWEVER ADVISE THE DISCONTINUATION OF THE CO-CODAMOL WITHIN THE NEXT 24HS. EXPLANATION GIVEN TO <b>Code A</b> DR RECORDED ALL FINDINGS IN MEDICAL NOTES.											
G - Medication adverse events		Please tick and complete Form B		H - Medical device/equipment incidents		Any defective equipment should be detained for inspection		Please tick and complete Form B					
		<input checked="" type="checkbox"/>						<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?

On further investigation **Code A** was not given extra paracetamol as regular side omitted at 1200 as PRN doses given at 1710. 4/11/05 0800 doses given at 0400, PRN given at 0810 at 0300 regular given, no further given at 1700.

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

H O'Rourke  
Clinical Manager. Date 11/11/05

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

<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Medicines & Healthcare Products Regulations Agency (MHRA)
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Health and Safety Executive (RIDDOR)
<input type="checkbox"/> Agency/Bank Co-ordinator	<input type="checkbox"/> Emergency Services called
<input type="checkbox"/> Complaints Manager	

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

Name and Job Title of Service/Senior Manager **Code A** Date 10/11/05



Form no.

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) **15** See section G of code guidance for relevant codes

Approved Name	Proprietary Name	Form	Manufacturer	Batch No.	Dose	Frequency	Route
PARACETAMOL		TAB			1g	Twice	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

**Code A** began feeling unwell. after discussion between myself and **Code A**  
**Code A** it was decided to seek medical advice. Dr Collins requested to visit. He visited the ward at 10:15 AM.

**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