

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 PC	
					A1 Ethnic Group	A2 Person Status	A3 Mental Health				
Code A	M	Patient	Dryad Ward	27/4/52	1	28	6	1135441	Dr Rad	Y. 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 PC	
Person reporting -	F	SW	Dryad Ward	10/4/51	2	15	6			AF G.	
Code A											
Others involved -											

B - When & where did the incident occur?	Date: 24/1/06 Time: 17:00 am/pm	Site name: GWMY	Area (e.g. b/rm): Room 8
		Ward dept: Dryad	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) **77** For all events of assault against staff complete and attach Form B (indicate here)

Family reported pt in severe pain - unable to attend immediately as only 2 staff on ward. Was having another patient onto bed at time. Daughter upset stated patient had hip & back pain for a number of

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 checked="" 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 checked="" 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 £

F - How was the event dealt with? What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)

Examined **Code A** no bruising or pain noted. Referred to Dr Ghnaddi who prescribed tramadol which was given stat & to have regularly. Dr Ghnaddi also spoke to relatives

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 <input type="checkbox"/>	Please tick and complete Form B <input type="checkbox"/>
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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 recurrence?
Staff informed of incident. Patient monitored for pain & effectiveness of analgesia. Nil reported to date

I.1 Why did it happen?	I.2 Future Risk?
Causes: unknown	Impact Code: NH
Contributory Cause: u. ASK. DUT	Likelihood of re-occurrence: UN
Name and Job Title of Ward/Department Manager: WARD MANAGER	Date: 29.1.06

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 recurrence & share learning?

Name and Job Title of Service/Senior Manager: A GRANT CLINICAL MANAGER Date: 30/1/06

Form no. 5755

Adverse Event Report Form B**G - Medication adverse events**Stage of Treatment Description of event (Eg. Allergy, formulation)

See section G of code guidance for relevant codes

Approved Name	Proprietary Name	Form	Manufacturer	Batch No.	Dose	Frequency	Route

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

days. Quore " you wouldn't leave someone in pain like this." Explained **Code A** hadn't previously complained of pain & I had hoisted him in + out of bed the previous day and not any problems or complaints of pain. Explained to family analgesia given regularly.

Acts of violence against PCT staff

1. Please state why the assailant was on the premises.
2. Please detail any relevant information about the assailants condition prior to the assault.
3. Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.)
4. 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