ACCIDENT/INCIDENT REPORT

CONFIDENTIAL

PORTSMOUTH & S.E. HAMPSHIRE HEALTH AUTHORITY

PATIENT ACCIDENT/INCIDENT REPORT

NOT to be used for staff

Please use a ballpoint pen and PRINT ALL NAMES. Complete boxes as appropriate

1. LOCATION DETAILS Hospital/Health Centre .....

Ward/Department/Clinic/Other .....

2. PATIENT/CLIENT/VISITOR DETAILS (Delete as appropriate) Hospital or GP Record number .....

Surname ..... Date of Birth ☐☐☐☐☐☐ Age(Years) ☐☐☐

Forenames ..... Male ☐ Female ☐ Consultant .....

Address ..... Diagnosis(es) G.P. .....

....

Post Code..... .....

Number of previous accidents

over last month ☐ Mental Health Act Status. Section ☐☐☐ (See note 2)

3. ACCIDENT/INCIDENT DETAILS Date ☐☐☐☐☐☐ Time ☐☐☐☐

Location details (e.g. bathroom, main ward) .....

Reported by ..... Number of other witnesses ☐ (give details overleaf)

Describe what was seen and what was reported .....

.....

.....

.....

Immediate care given .....

.....

Name of doctor informed ..... Date ☐☐☐☐☐☐ Time ☐☐☐☐

4. MEDICAL/NURSING REPORT (To be completed by examining doctor/nurse. See note 4)

Injuries found or suspected No ☐ Yes ☐ Brief description (site, severity) .....

Action Treatments/Investigations ordered .....

Signature of doctor ..... Date ☐☐☐☐☐☐ Time ☐☐☐☐

Results of X-Rays/Investigations .....

5. LOCAL ACTION

Was equipment involved? NO ☐ YES ☐ → Description.....

→ Sent for repair? → Yes ☐ No ☐ → Withdrawn from use? NO ☐ YES ☐ Retained for inspection? YES ☐ NO ☐

Details of occurrence recorded in Nursing Record/Kardex YES ☐ NO ☐

Next of kin/relative/carer informed? YES ☐ Date ☐☐☐☐☐☐ NO ☐ Why not .....

→ Who was informed ..... How? (e.g. telephone, in writing) .....

Manager informed? NO ☐ YES ☐ How? .....

Report completed by: Name .....

Signature ..... Date ☐☐☐☐☐☐

Job Title .....

Date completed form sent to Service Manager ☐☐☐☐☐☐

6. MANAGEMENT ACTION Date report received ☐☐☐☐☐☐

Name ..... Job title .....

Further investigation of the occurrence required? NO ☐ YES ☐ (Give details of investigation overleaf if necessary)

Occurrence notified to the Health and Safety Executive YES ☐ NO ☐

Signature ..... Date ☐☐☐☐☐☐