

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

2. PATIENT/CLIENT/VISITOR DETAILS Date of Birth Age(Years)	2 DATIENT/CLIENT/MISITOR DETAILS	(Delete as appropriate) Hespital or CD Beauth number
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		
Address Diagnosis(es) G.P. Post Code Number of previous accidents over last month		
Post Code Number of previous accidents over last month		
Post Code. Number of previous accidents over last month		
Number of previous accidents over last month		
Over last month		
3. ACCIDENT/INCIDENT DETAILS Date Time Time		Mental Health Act Status. Section (See note 2)
Location details (e.g. bathroom, main ward) Reported by Number of other witnesses (give details overleaf)	3. ACCIDENT/INCIDENT DETAILS	
Reported by		——————————————————————————————————————
Describe what was seen and what was reported Immediate care given Name of doctor informed	-	
Immediate care given Name of doctor informed Date Time		
Immediate care given Name of doctor informed	_	
Immediate care given Name of doctor informed		
Immediate care given Name of doctor informed		
Name of doctor informed Date Time		
Name of doctor informed	-	
4. MEDICAL/NURSING REPORT		
Injuries found or suspected No	Name of doctor mornied	Date
Action Treatments/Investigations ordered Signature of doctor	4. MEDICAL/NURSING REPORT (To	be completed by examining doctor/nurse. See note 4)
Signature of doctor	Injuries found or suspected No 🗌 Yes	Brief description (site, severity)
Results of X-Rays/Investigations 5. LOCAL ACTION Was equipment involved? NO	Action Treatments/Investigations ordered	
Was equipment involved? NO ☐ YES ☐ → Description. Sent for repair? → Yes ☐ NO ☐ → Withdrawn from use? NO ☐ YES ☐ Retained for inspection? YES ☐ NO ☐ No ☐ No ☐ Why not ☐ How? (e.g. telephone, in writing) ☐ Manager informed? NO ☐ YES ☐ How? ☐ How? (e.g. telephone ☐ Date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Signature of doctor	
Was equipment involved? NO	Results of X-Rays/Investigations	
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 → Yes No → Withdrawn from use?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 NO Next of kin/relative/carer informed? YES Date NO Why not How? (e.g. telephone, in writing) Manager informed? NO YES How? Report completed by: Name Signature Job Title Date completed form sent to Service Manager MANAGEMENT ACTION Date report received Job title	5. LOCAL ACTION	
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 NO Next of kin/relative/carer informed? YES Date NO Why not How? (e.g. telephone, in writing) Manager informed? NO YES How? Report completed by: Name Signature Job Title Date completed form sent to Service Manager MANAGEMENT ACTION Date report received Job title	Was equipment involved? NO [YES [Description
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Next of kin/relative/carer informed? YES Date NO Why not How? (e.g. telephone, in writing) Manager informed? NO YES How? Report completed by: Name Signature Date Date Date Job Title Date completed form sent to Service Manager 6. MANAGEMENT ACTION Date report received Job title		
Who was informed How? (e.g. telephone, in writing) Manager informed? NO ☐ YES ☐ How? Report completed by: Name Signature ☐ Date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Manager informed? NO YES How? Report completed by: Name Signature Date Date Job Title Date completed form sent to Service Manager Date report received Name Job title		·
Report completed by: Name Signature Job Title Date completed form sent to Service Manager 6. MANAGEMENT ACTION Date report received Job title		·
Signature Date Date Date Dotte Dotte Dotte Dotte Date completed form sent to Service Manager Date report received Dotte		
Job Title Date completed form sent to Service Manager 6. MANAGEMENT ACTION Date report received Job title		
Date completed form sent to Service Manager 6. MANAGEMENT ACTION Date report received Job title	· · · · · · · · · · · · · · · · · · ·	
6. MANAGEMENT ACTION Date report received Job title	·	
Name Job title		8" []]]
	6. MANAGEMENT ACTION	Date report received
Further investigation of the occurrence required? NO [YES [(Give details of investigation overleaf if necessary)	Name	Job title
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