Health 1259

සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார,போசணை மற்றும் சுதேசவைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Strictly Confidential

Adverse Event / Incident Reporting Form

Hospital.....

This form is not intended to penalize anyone. Reporting an incident will help us to prevent such events in the future

Part A:	මෙය ඕනෑම සෞඛ්‍ය සේවා වෘත්තිකයෙකුට සම්පූර්ණ කළ හැක; எந்தவொரு சுகாதார பணியாளராலும் நிரப்ப முடியும்; **Can be filled by any health care worker.**

Category of person affected: Patient ☐ Staff ☐ Visitor ☐

Name of affected person:	Place of occurrence of adverse event: ....
Age:	Reporting ward/unit: .....
Gender: Male ☐ Female ☐	BHT No. (If in patient): .....
Address (optional):	Date of adverse event/incident: dd/mm/yyyy...
	Time of adverse event/incident: .....

අන්තරායකර/අහිතකර සිදුවීම් (අවස්ථා පැහැදිලි කරන්න) விபரீத விளைவு / சம்பவம் (தயவு செய்து விபரமாக விபரிக்கவும்)
Adverse event/incident (please describe in detail)

Elaborate (If necessary use a separate paper) Date and time of occurrence:

එම අවස්ථාවේ ඒ සම්බන්ධයෙන් ගත් ක්‍රියා මාර්ග; உடனடியாக எடுத்த நடவடிக்கை, **Immediate measures have been taken**

Part B: To be filled by Head of the unit (Consultant, MO, Nursing Sister, Chief MLT, Chief Pharmacist, Chief Radiographer, in charges of units etc)

Describe the risk factors, root causes leading to the Adverse Event / Incident

Preventive measures recommended by the unit

Action recommended	Person responsible for remedial action	Target time period
		dd/mm/yyyy

Designation of the staff member involved in the adverse event

Consultant ☐ MO ☐ Nursing sister/NOIC ☐ Nurse ☐ Others:.....

Outcome of the affected person (Can be more than one. Please tick the relevant outcome/outcomes):

a. Completely recovered ☐ Partially disabled ☐ Permanently disabled ☐

b. Needed hospitalization ☐ Extended hospitalization ☐ Death ☐

Reference list of adverse events/ Incidents (Please select relevant category/categories)

Fall/Safety issues	**Treatment/diagnosis issues**	**Drugs/IV/Blood issues**	**Surgery/Anaesthesia issues**
Fall from bed/ chair/table	Orders/procedures carried out incorrectly	Omitted drug	Wrong patient identifier to call for surgery
		Wrong drug	Wrong patient/side/site
		Drug allergy	
Slip & fall	Orders/procedures on wrong patient	Patient/drug/dose/route /time	Left in patient – swab/ instrument
Found on floor	Order not carried out/ delay	Dispensing error from pharmacy	Discrepancy in swab/ instrument count
Climbed over bed rail	Plaster allergy/skin tear	Expired drug	Incorrect/no consent
	Bed sore	Blood transfusion reaction	Diathermy burn
Injury while transporting	Doctor not notified/ Doctor did not visit	IV site redness/Phlebitis	Equipment not available/ malfunction
		Wrong diluents	
Laboratory reports	Medication delayed/ notavailable	**Miscellaneous issues**	Material not available
Sample lost	Refusal of treatment by patient	Assault to patient/visitor/staff	No PAC
Label lost	**Labour/Delivery issues**	Coroners' case	Others (Please specify)
Wrong sample		Missed medical records	
Reports are not delivered on time	Traumatic birth	Therapeutic procedures	
	Forceps injury to infant	Theft	
Report lost	Laceration to neonate	Smoking/substance abuse in ward	
	Unattended delivery	Wrong drug prescribed, administered	