TMCC
Truckee Meadows Community College
Maxine S. Jacobs Nursing Program

Instructions | Reset | Print

INCIDENT REPORT

Name				
TMCC/NSHE ID	Date of Birth	Age	Gender ☐ Male ☐ Female	Pt. Number
Address				
Phone Number				

Status

☐ I = Inpatient ☐ O = Outpatient ☐ V = Visitor ☐ ER = Emergency ☐ HV = Volunteer ☐ X = Other:

Date and Time of Event

Diagnosis *(reason for visit)*

Attending Physician

Location

- ☐ 1. Patient rm. # _____
- ☐ 2. Bath in pt. rm.
- ☐ 3. Hall: _____
- ☐ 4. L & D
- ☐ 5. Day/treatment rm. # _____
- ☐ 6. NSG station
- ☐ 7. OR/RR: _____
- ☐ 8. Pharmacy _____
- ☐ 9. Radiology
- ☐ 10. OPD: _____
- ☐ 11. ER
- ☐ 12. ICU/CCU
- ☐ 13. Lab
- ☐ 14. Pegs
- ☐ 15. On grounds: _____
- ☐ 16. Dental office
- ☐ 17. Other:

Staff/Dept.

- ☐ 1. Physician/Dentist
- ☐ 2. Dental Hygienist/Asst.
- ☐ 3. Licensed RN/LPN
- ☐ 4. Student
- ☐ 5. Reg/Grad Tech
- ☐ 6. Pharmacy
- ☐ 7. Lab
- ☐ 8. P.T.
- ☐ 9. OT/Rehab
- ☐ 10. Respirator
- ☐ 11. Faculty Member
- ☐ 12. Other:

Notification

Physician/Dentist: ☐ Yes ☐ No

Name: _____ Time Called: _____

Patient Examined: ☐ Yes ☐ No If "Yes", by whom: _____

X-Rays ordered: ☐ Yes ☐ No

Patient Factors Prior to Event

- ☐ a. Alert/Normal
- ☐ b. Agitated
- ☐ c. Unconscious
- ☐ d. Uncooperative
- ☐ e. Confused
- ☐ f. Depressed
- ☐ g. Suicidal
- ☐ h. Substance Abuse
- ☐ i. Intoxicated
- ☐ j. Handicapped
- ☐ k. Sedated: _____
- ☐ l. Anesthetized
- ☐ m. Meds last 2 hrs.: _____
- ☐ n. Develop. Disabled
- ☐ o. Language Barrier
- ☐ p. Bathroom Restrict.
- ☐ q. Bed Restraints
- ☐ r. Ambulate w/Assistance
- ☐ s. Other:_____

Patient/Family Attitude After Event

- ☐ 1. Unaware
- ☐ 2. Understanding
- ☐ 3. Cooperative
- ☐ 4. Belligerent
- ☐ 5. Angry
- ☐ 6. Threaten Suit
- ☐ 7. Other: _____

Description of Event

Fall

- ☐ 1. Ambulating
- ☐ 2. From bed
- ☐ 3. Found on fl
- ☐ 4. From chair
- ☐ 5. Commode
- ☐ 6. Stretcher
- ☐ 7. In bathroom
- ☐ 8. Other: _____
  - ☐ a. Rails up (# _____)
  - ☐ b. Call light not available
  - ☐ c. Call light on
  - ☐ d. Floor slippery/substance
  - ☐ e. Struck by equipment
  - ☐ f. Patient unattended
  - ☐ g. Other: _____

Medication

- ☐ 1. Missing
- ☐ 2. Given not charted
- ☐ 3. Omitted
- ☐ 4. Extra Dose
- ☐ 5. Time Variance
- ☐ 6. Wrong route
- ☐ 7. Wrong Dose
- ☐ 8. Wrong Med
- ☐ 9. Wrong Patient
- ☐ 10. RX filled wrong
- ☐ 11. IV wrong rate/Pump _____
- ☐ 12. Given not ordered
- ☐ 13. Other: _____

Procedure/Treatment/Communication

- ☐ 1. Procedure on wrong patient
- ☐ 2. Lost Specimen
- ☐ 3. Procedure Omitted
- ☐ 4. Procedure Delayed
- ☐ 5. Orders not carried out
- ☐ 6. NPO violated
- ☐ 7. Radiation Exposure
- ☐ 8. Technique
- ☐ 9. Abnormal Test Results
- ☐ 10. Procedure/No Consent
- ☐ 11. No MD Response
- ☐ 12. MD not notified of patient cond.
- ☐ 13. Other: _____

Miscellaneous

- ☐ 1. Fight among patients
- ☐ 2. Patient attacked staff
- ☐ 3. AWOL
- ☐ 4. Burn
- ☐ 5. Cardiac Arrest
- ☐ 6. Diet/Food problem
- ☐ 7. Patient Dissatisfied
- ☐ 8. Suicide Attempt
- ☐ 9. Decubitus (not pres. on admission)
- ☐ 10. Wound/Other Infection
- ☐ 11. Other: _____

Equipment

- ☐ 1. Shock
- ☐ 2. Not available
- ☐ 3. Not available
- ☐ 4. Improper Use
- ☐ 5. Operator Unqualified
- ☐ 6. Mech. Problem
- ☐ 7. Other: _____

Equipment Name:

Manufacturer:

Serial #:

Location:

Safety/Security

- ☐ 1. Damage to property
- ☐ 2. Lost/Stolen property
- ☐ 3. Fire
- ☐ 4. Unauthorized Presence
- ☐ 5. Drug Count Variance
- ☐ 6. Drug Tampering
- ☐ 7. Drug Keys Variance
- ☐ 8. Floor wet/Substance
- ☐ 9. Other: _____

Nature of Injury

- ☐ 1. None apparent
- ☐ 2. Allergic Reaction
- ☐ 3. Laceration/Contusion
- ☐ 4. Sprain/Strain
- ☐ 5. Fracture/Dislocation
- ☐ 6. Perforation
- ☐ 7. Blister
- ☐ 8. Damaged Teeth
- ☐ 9. Death
- ☐ 10. Neurological Defect
- ☐ 11. Excessive Blood Loss
- ☐ 12. Other:

Student's Signature Date

For Completion by Faculty Member

Description of Occurence

Student's Signature Date

Faculty Member's Comments

Student's Signature Date