

PRIVATE HOSPITALS AND DAY PROCEDURE CENTRES ACT 1988

REPORT OF INCIDENT RESULTING IN INJURY TO PATIENT AND EMERGENCY TRANSFERS

(1) HOSPITAL CODE (2) DATE OF INCIDENT D D M M Y Y (3) TIME OF INCIDENT 24 Hr. clock

(4) NAME OF INJURED TRANSFERRED PERSON.....(5) MED. RECORD NO
(6) NAME & ADDRESS OF PREMISES..... (7) AGE
AT WHICH INCIDENT OCCURRED
..... (8) SEX: 1 - Male 2 - Female

(9) NAME & DESIGNATION OF WITNESS(ES) (if applicable)

(10) PROVISIONAL DIAGNOSIS BEFORE INCIDENT

(11) LOCATION OF INCIDENT

(12) MOTOR VEHICLE INCIDENT: 1 - To/From the Establishment, 2 - Out with relatives, 3 - Not applicable

(13) INJURY/INCIDENT WAS DUE TO: 01 - Falling from Bed, 02 - Other Falling/Slipping, 03 - Lifting, 04 - Struck by object, 05 - Defective Equipment, 06 - Medication, 07 - Sharps 08-25 - Medical/Surgical/Obstetric/Neonatal Complication/Other (specify)

(14) BED RAILS: (a) Present: 1- Yes, 2- No, 3- N/A (b) Position: 1 - Up, 2 - Down, 3 - N/A (a) (b)

(15) BED TYPE: (a) 1 - Standard, 2 - High/Low, 3 - Humidicrib, 4 - N/A (b) Position: 1 - High, 2 - Low, 3 - N/A (a) (b)

(16) PART OF BODY INJURED: 01 - Head, 02 - Neck, 03 - Shoulder, 04 - Arm, 05 - Hand, 06 - Leg, 07 - Foot/Ankle, 08 - Back, 09-23 - Other (Specify but do not code)

(17) NATURE OF INJURY/INCIDENT: 01 - Burn, 02 - Lacerations, 03 - Abrasions, 04 - Sprain/Strain, 05 - Bruise, 06 - Puncture Wound, 07-26 - Other (Specify but do not code)

(18) TREATMENT: 1 - First Aid, 2 - Medical, 3 - Hospital Transfer, 4 - None

(19) X-RAY: 1 - Yes 2 - No

(20) FURTHER DETAILS OR COMMENTS INCLUDING BRIEF SUMMARY OF X-RAY RESULT

Signed Date/...../..... Position

PART B CHIEF NURSE TO COMPLETE

(1) Has incident been investigated? 1 - Yes 2 - No

(2) What causes were identified? Please specify, do not code

(3) What remedial action has been taken or is proposed? Please specify, do not code

Signed Date/...../..... Position

PART C COMPLETE FOR TRANSFERRED PATIENT

(1) Name of receiving hospital (2) Date of transfer D D M M Y Y

(4) Reason for transfer. Please specify (3) Time of transfer 24 Hr. clock

Signed Date/...../..... Position