



ADVERSE AND SENTINEL EVENT REPORT

EVERGREEN NURSING SERVICES LTD.

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Date: _____

Client Name: _____

Type of Incident: _____

Time of Incident: _____

DESCRIPTION OF EVENT

Reported By: Staff Member: _____

Other: _____

Brief description of error including outcome:

ACTION TAKEN

Physician/MHO Notified Yes No Date: _____ Time: _____

Name: _____ Phone: _____

Supervisor Notified: Yes No Date: _____ Time: _____

Name: _____ Phone: _____

DESCRIBE THE IMMEDIATE ACTION TAKEN:

Reporting Staff Name: _____ Signature: _____

Date Submitted: _____

MEDICATION/TREATMENT ERROR REVIEW – TO BE COMPLETED BY MANAGEMENT

| TYPE OF ERROR | BREAKDOWN POINT | <input type="checkbox"/> PREVENTABLE | <input type="checkbox"/> POTENTIAL |
|--|--|---|---|
| <input type="checkbox"/> Omission | <input type="checkbox"/> Not transcribed | | |
| <input type="checkbox"/> Wrong drug | <input type="checkbox"/> Transcribed incorrectly | | |
| <input type="checkbox"/> Extra dose | <input type="checkbox"/> Charting error | | |
| <input type="checkbox"/> Wrong time | <input type="checkbox"/> Communication problem | | |
| <input type="checkbox"/> Wrong rate | <input type="checkbox"/> Physician order problem | | |
| <input type="checkbox"/> Wrong route | <input type="checkbox"/> Wrong medication dispensed | | |
| <input type="checkbox"/> Wrong preparation | <input type="checkbox"/> Medication unavailable | | |
| <input type="checkbox"/> Wrong dosage form | <input type="checkbox"/> Labeling problem | | |
| <input type="checkbox"/> Wrong patient | <input type="checkbox"/> Medication Administration error | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | | |

OUTCOME

- Category A: An error occurred that reached the patient but did not cause patient harm.
- Category B: An error occurred that resulted in the need for increased patient monitoring but no patient harm.
- Category C: An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm.
- Category D: An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm.
- Category E: An error occurred that resulted in permanent patient harm.
- Category F: An error occurred that resulted in a near-death event (anaphylaxis, cardiac arrest)
- Category G: An error occurred that resulted in patient death.

ACTION TAKEN:

Manager Name: _____ Date of Review: _____