

**ADVERSE INCIDENT REPORT**

**EVERGREEN NURSING SERVICES LTD.**

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Email: [info@evergreennursing.ca](mailto:info@evergreennursing.ca)

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

**DESCRIPTION OF EVENT**

Reported By: Employee: \_\_\_\_\_

Other: \_\_\_\_\_

Brief description of incident/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 Employee:** \_\_\_\_\_    **Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**NATURE OF INCIDENT:**

- Client Fall (During Shift)   
  Client Fall (Prior to Shift)   
  Medication Error  
 Psychosocial Incident   
  Other \_\_\_\_\_

- PREVENTABLE   
  POTENTIAL

**COMPLETE BELOW IF MEDICATION ERROR:**

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

**ACTION TAKEN:**

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Supervisor Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_