**Infinity of Page Home Health Services**

**INCIDENT REPORT**

**CONFIDENTIAL: Route to Infinity of Page Home Health Services within 24 hours.
Note: Employee Injuries send to Human Resources Department.**

Patient/Person Involved: MR#: DOB: Sex:

Address: City/State/Zip:

Date of Occurrence: Time of Occurrence:

Person Completing Report: Date Report Filed:

❑ Patient ❑ Employee ❑ Family Member ❑ Other:

**Check Applicable Event:**

|  |  |
| --- | --- |
| * Hospital Admission
* AMA
* Cardiopulmonary Arrest
* Abusive Behavior:
* Patient
* Family Member
* Medication Problem:
* Missed Dose
* Incorrect Dose
* Incorrect Medication
* Reaction to/Toxic Effect
 | * Equipment Failure

Lot # \_\_\_\_\_\_\_\_ Tracking # \_\_\_\_\_\_\_\_* Fall ❑ Staff in home ❑ No staff present
* Infusion Equipment Problems
* Employee Injury
* Employee Property Missing/Damaged
* Patient Injury
* Patient Property Missing/Damaged
* Surgical Complication/Infection
* Untoward Reaction to Treatment/Procedure
* Wound Disruption
* Other:
 |

Describe the event, effects, outcome and potential risk issue (name equipment, drug, procedure, treatment, etc., if applicable).

**For PI Director Use Only:** Date Received:

Effect:

❑ Trending Medical Legal: Date Filed:

❑ Inconsequential ❑ Consequential ❑ Non-existing/Unknown

Comments: