**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: