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: _____

_____

_____

_____

© Medical Consultants Network Inc. (800) 538-6264