



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

INCIDENT NOTIFICATION FORM

Name of reporting Person:	Date of incident:	
Designation:	Time:	
Phone No:	Location of Incident:	
Date reported:	Ward (specify)	
Notification No.:	OT	
	ER	
	Others (specify):	
<p>Types of Incidents (Tick as appropriate)</p> <p><input type="checkbox"/> Fall (bed, chair, uneven surface, wet surface, fall while ambulating)</p> <p><input type="checkbox"/> Allegation of abuse/neglect (Physical, sexual, verbal, threat, argument)</p> <p><input type="checkbox"/> Missing or damaged property</p> <p><input type="checkbox"/> Exposure to blood or body fluid (needle stick, blood, saliva/spitting, urine/feces, open wound)</p> <p><input type="checkbox"/> Surgical event (wrong body part, wrong patient, wrong procedure on wrong patient, retained instrument in patient discovered after surgery/procedure)</p> <p><input type="checkbox"/> Treatment complications (medication errors and adverse medication reaction) requiring significant medical intervention</p> <p><input type="checkbox"/> Procedure error (lab tests, clerical, result reporting, safety)</p> <p><input type="checkbox"/> Contraband (weapon, illicit drugs)</p> <p><input type="checkbox"/> Fire or Environment Emergency</p> <p><input type="checkbox"/> Others (suicide death, suicide attempt, homicide) _____</p>		
Name of care provider Involved	Designation	Name of patient/attendant/others:
1		
2		
3		
Initial outcome (specify):		Phone No:
		Hospital no. (if any):
		(QA Unit use only): Date of Notification:
		Date of data entry: _____
		Name/signature:
<i>Notify to QA Unit/QMS as soon as possible for record and further deliberation.</i>		