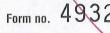
Fareham and Gosport NHS



Primary Care Trust

Adverse Event Report Form A

For guidance see 'How to complete the Form' information sheet and when completing the blue tinted columns refer to the 'Code Guidance' sheet.

To be completed by any member of staff in BLOCK CAPITALS using a black ballpoint pen. Incomplete or illegible forms will be returned. Serious untoward Incidents such as unexpected death must be reported IMMEDIATELY to your PCT HQ regardless of the day or time. A Critical Incident is a serious, untoward event i.e. accident or incident, which has caused severe harm or injury to PCT services, premises or property, the organisation as a whole or in particularly upsetting cases staff, patients, volunteers or members of the public.

A - Who was involved in the i	ncid		Please complete details of all those involved in the incident - the persons affected, witnesses etc. (See Section A guidance for further information). If necessary use Form B for continuation.									
Name of Person Affected	Sex M/F	Occupation (as applicable)	Home Ad	Home Address		Date See Section A o of Birth Ethnic Group Sta		A3 Mental Health		Patient	A5 's Consultant	nt A6 PCT
Code A	F	RETARCES COD		A	2405/09	1	28	1	Q10160	br	REIS	titag
Names of:	Sex M/F	Job Title/Occupation (as applicable)	Base/Home	Address	Date of Birth	A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	Patient	A5 's Consultant	A6 PCT
Person reporting - Code A Others involved -	F	STAFF NURSE	GWMH- 2	RYAD		13	15	6				キャム
B - When & where did the incident occur? Date $DI/DT/DG$ Time $DI: 4G$ and $DI/DT/DG$ time $DI/DT/DG$ time $DI/DT/DG$ time $DI/DT/DG$ time $DI/DT/DG$ time $DI/$									required) te here)			
ROOM: SHE WAS BLE WAS HOISTED UP D - Impact on person affected/Im Physical - Eg. Musculoskeletal, Unexpecte Description/Nature of injury and affected Degree of Harm/Damage None If Staff, did they complete their shift?	EAD DI pact d deter ed area	NG FROM SKI V TO HER BES on PCT? (See Section D g foration Psycholo Action Prevented Harm/Dar VES	N FLAP DN H DRY JRESSIN uidance for further informat gical Social NO	CR B CLBDL NG APPLIC ion) - PLEASE USE FOI Unknown Noderate	U, NO €	DTT+ G TH G ETAIL EF N// Sever	-R // E- S FECTS A	NTU KIN ON OTH	RIGS FLA P HERS INVOLV	NO) VED	rophic event [6
E - What property was affected? DAMAGE/THEFT/LOSS/FAILURE OF/TO 'Delete as appropriate. (Please include details of property on Continuation Sheet). (See Section B guidance for further information) F - How was the event dealt with? What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police) Put back for bed, bed, bed, bed, ber how of for Section B guidance for further information)												
G - Medication adverse events Please tick and events H - Medical device/equipment incidents Any defective equipment should be equipment should be equipment should be equipment should be												
G - Medication adverse events This section MUST be con- Department Manager be I - Ward/Area/Department What action will be taken in Steff Mark Pathent And Pathent And	fore t Ma umedi Le M M M M M M M M M M M M M M M M M M	complete Form I eted by the Ward/Area passing the form to the nagers action lately and longer term to pr AMAR I to MAR I	event reoccurence?	cal device/equipme This section to be (See Section J guida J - Service/Seni Who else has bee Copies of forms relatin Occupational Hea Human Resources Agency/Bank Co Complaints Manage What other action Name and Job Title Service/Senior Man	complete ance for fur or Manag en informe g to staff acc lth [ordinator] ger] u will be ta	ed by ti ther info ers ac d? (PLI idents m Media Healt Emer	he service ormation tion EASE T ust be sections & H h and Sa rgency Section preven	ice/sec/sec/sec/sec/sec/sec/sec/sec/sec/s	LEVANT BO cupational He re Products Re cutive (RIDDC called urence & s	nplete Fo ger DXES) alth and H egulations DR) hare lea	uman Resource Agency (MHR	A)