General Incident Report in Health care

1. Title

- Healthcare Incident Report

2. Basic Information

- **Date of Report**: [Insert date]
- **Time of Incident**: [Insert time]
- **Date of Incident**: [Insert date]
- **Location of Incident**: [Insert location, e.g., patient room, operating theater, or waiting area]
- **Reported By**: [Name and designation of reporter]
- **Role/Position**: [e.g., Nurse, Physician, Technician]

3. Patient Information

- **Patient Name/ID**: [Insert details]
- **Age**: [Insert age]
- **Gender**: [Insert gender]
- **Unit/Ward/Department**: [Insert unit/ward name]

4. Description of Incident

- **Type of Incident**: [e.g., medication error, fall, equipment failure, patient complaint]
- **What Happened?**: Provide a detailed account of the incident. Include relevant information such as actions leading up to the incident, people involved, and the outcome.
- **Who Was Involved?**: List all staff, patients, and witnesses (names and roles).
- **Witnesses**: Include names, roles, and contact information.

5. Immediate Actions Taken

- Describe steps taken to address the incident:
  - **Patient Care**: e.g., first aid provided, additional monitoring, or escalation to a higher level of care.

- ○ **Reporting**: Mention if a supervisor, doctor, or risk management team was informed.
  - ○ **Containment**: e.g., stopping the use of faulty equipment or isolating the affected area.

6. Observations/Findings

- Highlight relevant factors that contributed to the incident, such as:
  - ○ Environmental conditions (e.g., slippery floors, poor lighting).
  - ○ Staff-related factors (e.g., staffing shortages, miscommunication).
  - ○ Equipment-related factors (e.g., malfunction or improper usage).

7. Recommendations/Next Steps

- Suggest preventive measures, such as:
  - ○ Enhanced staff training.
  - ○ Equipment maintenance or replacement.
  - ○ Policy or procedure updates.
  - ○ Patient care follow-up and monitoring.

8. Attachments

- Include supporting evidence such as photographs, equipment logs, or medical records (ensuring patient confidentiality).

9. Signatures

- **Reported By**: [Name, Signature, Date]
- **Supervisor/Manager Review**: [Name, Signature, Date]

10. Follow-Up Section

- **Resolution Actions**: Describe steps taken post-incident to resolve or mitigate the issue.
- **Date of Completion**: [Insert date].
- **Responsible Team/Person**: [Name and role].