



## Student and Patient Adverse Event Reporting Form

**This form** is used for reporting by Dalhousie University Nursing students to record adverse events that impact the student (e.g., fall/needle stick injury) or those where a student’s actions may impact or cause harm to a **patient** (e.g., medication error). This form does not supersede agency forms if the incident occurs in a practice setting or the Dalhousie University Environmental Health and Safety policies.

**For any adverse event** (injury to self or others):

- (a) seek medical attention;
- (b) ensure you have met Dalhousie University Environmental Health and Safety policies and agency policies for reporting an adverse event, and
- (c) complete this adverse event form, including the student reflection and learning questions.

**Complete and distribute two copies of this form:** one for yourself and one for your clinical instructor **within 24 hours** following the adverse event. One copy of the form will be kept with your clinical records.

<b>Primary details of adverse safety event</b>	Date (d/m/y): Time:	Date of discovery/reporting (d/m/y):	Type of event: <input type="checkbox"/> Harmful incident <input type="checkbox"/> No harm incident <input type="checkbox"/> Near miss	Course number: Practicum location: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night
	Who/what did the incident impact? <input type="checkbox"/> Student <input type="checkbox"/> Patient <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Property <input type="checkbox"/> Other:			
	Discovered/ reported by:	Who reported this, i.e. registered nurse/staff person, etc.		
<b>Category 1: Student safety</b>	Type of injury, accident or exposure: <input type="checkbox"/> Needle puncture <input type="checkbox"/> Infectious disease exposure <input type="checkbox"/> Musculoskeletal injury <input type="checkbox"/> Fall (i.e., fainting, slip) <input type="checkbox"/> Assault by patient <input type="checkbox"/> Other (describe):			Was data from this event submitted using another form? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Category 2: Patient safety</b>	Patient Fall <input type="checkbox"/> Observed <input type="checkbox"/> Unobserved	Was orientation a factor in the fall? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alert/normal <input type="checkbox"/> Anaesthetized <input type="checkbox"/> Disoriented <input type="checkbox"/> Sedated D Other:		
		Was ambulatory status a factor in the fall? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unlimited <input type="checkbox"/> Needs assistance <input type="checkbox"/> Bathroom privileges <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Non-ambulant <input type="checkbox"/> Restraints <input type="checkbox"/> Other:		
		Was patient environment a factor in the fall? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes (i.e., bed height, side rails, call bells) describe in reflection section.		
	Medication (check all that apply)	Omission: <input type="checkbox"/> Incorrect: <input type="checkbox"/> Client <input type="checkbox"/> Dose <input type="checkbox"/> Route <input type="checkbox"/> Time <input type="checkbox"/> Medication <input type="checkbox"/> Reason Documentation <input type="checkbox"/> Other/details:		

<b>Category 2: Patient safety continued...</b>	Other event	<input type="checkbox"/> Other Injury <input type="checkbox"/> Incident identified by student <input type="checkbox"/> Procedural	<input type="checkbox"/> Equipment related <input type="checkbox"/> Missing patient	<input type="checkbox"/> Hospital/patient property <input type="checkbox"/> Safety security (not by <input type="checkbox"/> Other:
<b>Follow-up action taken</b>	Immediate:		Long term:	
Other Jurisdictions	Was data from this event submitted through Quality Assurance and/or Patient Safety System in required in the jurisdiction in which the incident took place? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Student’s reflection and learning:**

Provide a concise description of the safety incident. What do you understand as contributing to the incident? Please reflect on individual, procedural, environmental, and system level factors.

What were the potential outcomes to your patient that did or could have resulted from this incident?

What have you learned about yourself, your nursing practice, and the environment in which you are practicing?

How could an incident like this be prevented in the future? Identify recommended changes or actions (from individual, procedural, environmental and/or systems perspectives).

<b>Student name:</b> (please print)  Signature:	Date:	Email:
<b>Instructor name:</b> (please print)  Signature:	Instructor comments:	Email: