Frontier Nursing University

# Incident Report

# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An incident is any clinical situation where the possibility exists that the school could be named in a lawsuit. We would prefer that you submitted incident reports that were unnecessary, rather than not to have one on file in the case of a problem.

Submitted by

**Place** of incident:

|  |  |
| --- | --- |
| Place of Incident |  |
| Street Address |  |
| Address 2 |  |
| City |  |
| State |  |
| Zip Code |  |
| Phone Number |  |

**Date** of incident: Patient Type:

**Time** of incident: Inpatient Outpatient

Client:

Preceptor:

Collaborating Physician:

**Others in Attendance:**

1) Name Role

2) Name Role

3) Name Role

4) Name Role

5) Name Role

6) Name Role

**Witnesses:**

1) Name

Address

Phone number

2) Name

Address

Phone number

3) Name

Address

Phone number

4) Name

Address

Phone number

**Factually describe the incident.** (Include only information that is in the chart; no subjective statements). Use additional paper as needed, but be succinct.

**MAIL this Incident Report via the United States Postal Service (USPS) to your Clinical Director at the address below within one week of the incident and also call her to inform her that this report is being sent. *Note that this incident report is absolutely NOT to be sent by email.***

**Clinical Directors:**

FNP PROGRAM- Dr. Irma Jordan, DNP, APRN, FNP/PMHNP-BC, FAANP: 10662 Millington-

Arlington Rd, Arlington TN 38002.

MIDWIFERY/WOMEN’S HEALTH- Dr. Jane Houston DNP, CNM, RM: 6905 NW 52nd Drive

Gainesville, FL 32653-7013.