FRONTIER NURSING UNIVERSITY CLINICAL INCIDENT REPORT FORM

1.Use this form to report any unexpected patient incidents related to patient care or treatment, even if there is no adverse patient outcome (this includes errors, safety hazards, injuries and sentinel events).
2.This form is to be completed by FRONTIER NURSING UNIVERSITY students *in addition to* any reporting requirements of the facility/hospital.
3. Notify your RCF & complete this form w/in 48 hours of the incident
4.. After completion, please return to Clinical Director at FRONTIER NURSING UNIVERSITY via US mail.

Student Name	**Clinical Program**
Incident Date	**Incident Time**

Site Name:
Address:
Dept/Unit:

Identification of Person(s) Potentially Affected by the Incident			
Name		**Role**	
Name		**Role**	
Name		**Role**	

Witnesses, Including Onsite Staff			
Name		**Role**	
Name		**Role**	
Name		**Role**	

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

Patient Outcome [check appropriate box(es)]

Death		Pain/Prolonged pain		Disruption to services	
Critical condition		Patient distress		Unable to assess outcome	
Injury		Delay in treatment		Near miss by chance	
Ill health		Change to treatment		Near miss by intervention	
Temporary deterioration of condition		Prolonged stay in hospital		No adverse effect	
Transfer to higher level of care		Radiation overexposure		Other	

Student Action Taken as a Result of Incident: (please give brief details - attach separate sheet if necessary)

Student Acknowledgement

Student Name:	**Title/Position:**
Acknowledgment - I acknowledge that the facts and circumstances reported above are true and accurate to the best of my knowledge:	
Signature:	**Date:**

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 email your Clinical Director to inform them that this report is being sent.

Note that this incident report is NOT to be sent by email.

Clinical Directors:

FNP specialty: Dr. Katheryn Arterberry, DNP,APRN, FNP-BC: 5601 Trevor Drive, Shreveport, LA 71129

PMH specialty: Dr. Susan Piper, DNP, APRN, PMHNP-BC: 11020 State Route 175 S, Greenville, KY 42345

CNEP/WHNP specialty: Dr. Noelle Jacobsen, DNP, CNM, APRN: 200 Maitland Avenue, Unit 142, Altamonte Springs FL 32701

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Clinical Director Reviewed:	**Date:**