



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.

Emailing the CD is not FNU Policy per the FNU Catalog. See the Summer 2022 FNU Catalog Page 118: Risk Management and Incident Report Procedure for MSN and PGC Students. Emailing the CD is not the proper procedure.

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. April Phillips, DNP, FNP-C, PMHNP-BC: 65 Iron Gate Road, Durango, CO 81301

CNEP/WHNP specialty: Dr. Eva Fried, DNP, CNM, WHNP 236 West Dunedin Road Columbus OH 43214

INTERNAL USE ONLY - COMPLETED BY FRONTIER NURSING UNIVERSITY CLINICAL DIRECTORS

Clinical Director Reviewed:	Date:
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