## horizontal line**Hospital Incident Report**

### **1. Incident Details**

* **Date of Incident:** [Insert Date]
* **Time of Incident:** [Insert Time]
* **Location of Incident:** [Ward/Department/Room Number]
* **Type of Incident:** [e.g., Patient Fall, Medication Error, Equipment Malfunction, etc.]

### **2. Reporter Information**

* **Name:** [Full Name]
* **Position/Department:** [Position and Department]
* **Contact Information:** [Phone Number/Email]

### **3. Individuals Involved**

* **Patient Name:** [Patient's Full Name]
* **Medical Record Number:** [Insert MRN]
* **Staff Involved:** [Names of staff present during the incident]

### **4. Incident Description**

* **What Happened:** [Detailed explanation of the event]
* **Sequence of Events:** [Chronological description]
* **Immediate Response:** [Actions taken, such as notifying a doctor or administering first aid]

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### **5. Impact**

* **Injuries or Complications:** [Details of any harm to the patient]
* **Operational Disruption:** [Impact on hospital operations]

### **6. Follow-Up Actions**

* **Corrective Actions:** [Steps taken to prevent recurrence]
* **Further Notifications:** [Management or external authorities informed]

### **7. Approval and Signatures**

* **Reporter’s Name:** [Full Name]
* **Signature:** [Signature]
* **Supervisor’s Name:** [Full Name]
* **Signature:** [Signature]