

Sample Adverse Event Notification Form

**Clinical Indemnity Scheme Notification Report Form:**

NAEMS Ref No. \_\_\_\_\_

Location \_\_\_\_\_

Clinical Area/Unit/Department \_\_\_\_\_

Date of occurrence (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of occurrence (24hrs) \_\_\_\_:\_\_\_\_hrs

Date event reported (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Service User/Patient Personal Details:**

ID No. \_\_\_\_\_

Name \_\_\_\_\_

D.O.B.( dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender M  F

**Patient Safety Incident / Adverse Event**

**Near Miss**

Was the Service User Actually Harmed? Yes  No  Not yet known

Describe the harm sustained including **patient outcome**:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did any actions prevent the incident from reaching the service user? Yes  No  Not yet established

Describe the preventative actions taken?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Incident Type** \_\_\_\_\_ (see NAEMS pick list)

Brief Description of Incident:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Specialty involved?** \_\_\_\_\_

**Sub-specialty?** \_\_\_\_\_ (see NAEMS pick list)

**Risk Analysis Matrix – based on current available information; may be amended upon receipt of additional information.**

Likelihood	Impact score				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/remote (1)	1	2	3	4	5

**Contributory Factor(s):** (See list)

**Primary:** \_\_\_\_\_

**Secondary:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Low Risk 1 – 5 ■ Moderate Risk 6 - 12 ■ High Risk 15 - 25 ■

**Reported by:** Name : \_\_\_\_\_ (print) Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Reported to:** Name: \_\_\_\_\_ (print) Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Reviewed by:** Name: \_\_\_\_\_ (print) Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Received in RM Office: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Logged onto NAEMS: \_\_\_\_/\_\_\_\_/\_\_\_\_