

DELTA CLINIC & DETENTION HOSPITAL

This form subject to Privacy Act 1974 and unit OPS policy

PATIENT ID # [REDACTED] b2

DATE OF OCCURENCE 10/7/04 DATE OF REPORT 10/7/04

PLACE OF OCCURENCE: (CIRCLE ONE) CELL BLOCK CLINIC INPATIENT AMBULANCE

TYPE OF ERROR: (CHECK ALL THAT APPLY)

<input type="checkbox"/>	TRANSCRIPTION ERROR	<input type="checkbox"/>	MEDICATION ERROR: (DRUG)
<input type="checkbox"/>	BLOOD, BODY FLUID EXPOSURE	<input type="checkbox"/>	WRONG PATIENT
<input type="checkbox"/>	NEEDLE STICK INJURY	<input type="checkbox"/>	WRONG DRUG
<input checked="" type="checkbox"/>	PATIENT INJURY	<input type="checkbox"/>	WRONG DOSE
<input type="checkbox"/>	STAFF INJURY	<input type="checkbox"/>	WRONG TIME
<input type="checkbox"/>	PROCEEDURE ERROR	<input type="checkbox"/>	WRONG ROUTE
<input type="checkbox"/>	DIAGNOSTIC TEST ERROR	<input type="checkbox"/>	MISSED DOSE
<input type="checkbox"/>	RADIOLOGY	<input type="checkbox"/>	ALLERGIC REACTION: (TO WHAT?)
<input type="checkbox"/>	LAB	<input type="checkbox"/>	COMMUNICATION ERROR
<input checked="" type="checkbox"/>	OTHER:		

WHAT HAPPENED? (WHAT WERE THE CIRCUMSTANCES LEADING UP TO THE EVENT?)

b2 call to bedside of [REDACTED] @ 0015 due to detainee bleeding from the mouth. Injury occurred during altercation between MP staff and detainee

HOW WAS IT DISCOVERED? - See Above

WHEN WAS IT DISCOVERED? (AFTER ERROR OR NEAR MISS?) Time & date 10/7/04 @ 0015

WHO WAS INVLOVED? Circle all that apply: PATIENT, PHARM TECH, RN, DOCTOR, HM, PA, IDC, MP, OTHER)

Patient, MP staff, and RN

WHAT DO YOU THINK WAS THE REASON FOR ERROR? CONTRIBUTING FACTORS? (DEVIATION FROM TRANSCRIPTION ERROR, MEDICATION ADMINISTERED LATE, NIS, DOCTOR ORDER WRITTEN INCORRECTLY, PATIENT'S CONDITION OR OTHER)

Under Review

ANY ADVERSE EFFECTS OR ADDITIONAL MEDICAL TESTING/TREATMENTS DUE TO THE EVENT

(Describe in detail) None

RECOMMENDATIONS TO PREVENT SIMILAR OCCURANCES IN THE FUTURE?

Under Review

NAME OF PERSON PREPARING REPORT: (b)(3):10 USC §130b,(b)(6)

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