



Please check appropriate category

- Patient Safety
- Medication Use
- Contrast Reaction
- Wrong procedure, wrong patient, wrong site
- Sentinel Event
- Non-Sentinel Event
- Other adverse event

INCIDENT REPORT

Employee Patient Visitor

Office: Montclair Nutley West Caldwell Verona Jersey City

Name: _____ MR# _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

DOB: _____

Male Date of Incident: _____ Time: _____

Female Location: _____

Incident: _____

(see second page for details and follow-up)

Describe environmental conditions: _____

Medical Attention:

First Aid administered By whom: _____

How: _____

Medications administered

Patient seen by doctor _____, M.D.

Patient taken to E.R. Date and Time: _____

By whom: _____ How: _____

Hospital: _____

Universal Transfer form completed and sent with patient

Referring MD notified: _____

Family notified: _____

Witnesses to incident: _____

Incident Report Prepared by: _____

Signature: _____

Title: _____ Date: _____

Reviewed by Radiologist: _____ Date: _____

INCIDENT REPORT, Page 2

Name: _____ MR# _____

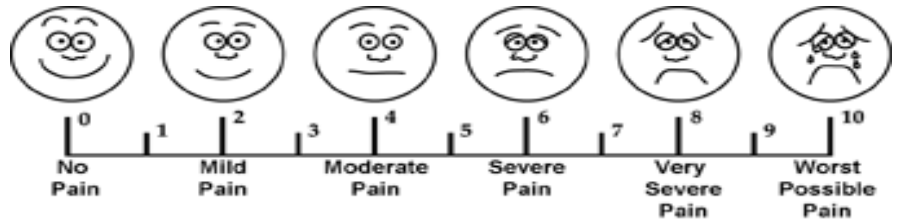
Date of Incident: _____ Time: _____

(if contrast involved, Lot # of contrast: _____)

Describe the incident in detail: _____

Pain Management

If patient complains of Pain, please record the level of pain from the Pain Management Scale.



Pain Scale: _____

If pain scale greater than or equal to 5, please describe:

Treatment Plan: _____

Patient Response if required: _____

Follow-Up (if required):

Date: _____ Person: _____

Date: _____ Reviewed by: _____
