

NORTHWESTERN STATE UNIVERSITY
COLLEGE OF NURSING AND SCHOOL OF ALLIED HEALTH
Administrative Communication/Occurrence Form
(For Confidential Use Only)

Reporting Date: _____

NAME: _____ **CWID:** _____

ADDRESS: _____

____ ASN Student ____ Faculty **OCCURRENCE**
____ BSN Student ____ Staff ____ Male ____ Observed by: _____
____ MSN Student ____ Visitor ____ Female ____ Unobserved
____ BSRS Student

Date of Occurrence: _____ **Time of Occurrence:** _____

Location of Occurrence: (include name of location, address, city, state and zip code, parish/county)

Patients Name: _____ **Date of Birth:** _____

Patients Phone Number: _____

Medical Record Number: _____

____ Adult ____ Juvenile: Parent's Name: _____

MEDICATION

____ Omission ____ Transcription ____ IV Infiltrate ____ Narcotic Count Off
____ Wrong Dosage ____ Wrong Patient ____ Wrong Route ____ Wrong Drug
____ Wrong Time ____ Rate Too Fast ____ Rate Too Slow ____ IV Off/Empty
____ Other: _____

PROCEDURE

____ Wrong Patient ____ Performed Incorrectly ____ Omission of Procedure ____ NPO Violated
____ Improper Prep of Patient ____ Break in Sterile Technique ____ Lost Specimen
____ Other: _____

FALLS

____ Office ____ Chair ____ Bathroom ____ Corridor ____ Grounds
____ Other: _____

INJURY

____ Needle stick: ____ Patient ____ Student ____ Faculty (complete Employee Accident Reports)
____ Exposure to Bodily Fluids: ____ Patient ____ Student ____ Faculty
____ Other: _____

DESCRIPTION OF OCCURRENCE:

ACTIONS TAKEN/FOLLOW-UP:

PERSON(S) REPORTING and PHONE NUMBERS:

FOR ADMINISTRATIVE USE ONLY

ACTION TAKEN

FOLLOW-UP

NSU FACULTY/STAFF REPORTING:

SIGNATURE:

DATE:
