Saint Louis University
Medical Adverse Incident Reporting

Risk Management
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Details of where incident occurred:

Identification of person affected by incident:

Name
Date of Birth:
Date & Time of Incident:

Check: Patient ☐ Employee ☐ Visitor ☐ Volunteer ☐ Other ☐

Location of Incident:

Building/Room:
Department:

On Site Staff Involved:

Name:	Title:

Nature of Incident:

Malfunction of Equipment	☐	Policy Violation	☐	Safety	☐
Lack of Equipment	☐	Poor Patient Preparation	☐	Adverse Reaction	☐
User Error of Equipment	☐	Breach of Confidentiality	☐	Procedure Error	☐
Medication Error	☐	Clerical/Data Entry Error	☐	Other:	☐
Infection Control Issue	☐	Exposure	☐	Explain	

Patient Outcome:

Death	☐	Patient Distress	☐	Near Miss by Chance	☐
Critical Condition	☐	Delay in Treatment	☐	Near Miss by Intervention	☐
Injury	☐	Stay in Hospital	☐	No Adverse Effect	☐
Deterioration of Condition	☐	Disruption to Services	☐	Other:	☐
Pain/Prolonged Pain	☐	Unable to Assess Outcome	☐	Explain	

Summary of What Happened:

Action Taken as a Result of Incident:

Employee Acknowledgment:

Employee Name	**Title/Position**

Acknowledgement - I acknowledge that the facts and circumstances reported above are true and accurate to the best of my knowledge.

Employee Signature Date:

Supervisor Signature/Title Date:

Updated 11/2023