

COMMUNITY PHARMACY DATIX INCIDENT REPORT FORM

Please use this form to report any incidents and near misses. An incident is any unintended event, act or omission that could have, or did, result in harm to patients, staff the public or the organisation.

1. PHARMACY ADDRESS:

2. DATE OF INCIDENT:.....

3. PRESCRIBERS NAME:.....

4. PRESCRIBERS ADDRESS:.....

5. INCIDENT DETAILS:

Please enter description, facts, **NOT** opinions.

Do not enter identifiable information about the person(s) involved.

6. PATIENT DETAILS [if applicable]

a Patient's Date of Birth

b Patient's Initials

c Patient's Hospital No [if applicable]

7. IMMEDIATE ACTION TAKEN [if any]

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8. RESULT AND SEVERTITY: *[Please tick appropriately]*

a. HARM TO THE PATIENT

b. NO HARM TO THE PATIENT

c. NEAR MISS

9. HAS THE PRESCRIBER BEEN CONTACTED? YES NO

10. ARE THERE ANY DOCUMENTS TO BE ATTACHED TO THIS FORM? YES NO
[if the incident relates to a prescription please attach the prescription]

11. DETAILS OF PERSON REPORTING THIS INCIDENT

SURNAME NAME.....

FORENAME.....

JOB TITLE.....

WORK PHONE NUMBER.....

WORK EMAIL NUMBER.....

Once completed please email this to: suefargher@gov.im