



# Sacred Heart UNIVERSITY

COLLEGE OF NURSING

## Unusual Occurrence Report

### Type of Occurrence

Medication Error	[ ]	Incorrect Medication Count	[ ]
Treatment Error	[ ]	Confidentiality Violation	[ ]
Needle stick/Exposure	[ ]	Student Injury	[ ]
Near Miss	[ ]	Other: _____	[ ]

Date/Time of Report \_\_\_\_\_ Date/Time of Incident \_\_\_\_\_

Student(s) Involved \_\_\_\_\_

Clinical Instructor \_\_\_\_\_ Course \_\_\_\_\_

Clinical Site \_\_\_\_\_

### Student Report

State exactly what happened including why you believe the situation occurred.

\_\_\_\_\_

If patient(s) involved:

Patient Age \_\_\_\_\_ Patient Gender \_\_\_\_\_ Diagnosis \_\_\_\_\_

Patient Age \_\_\_\_\_ Patient Gender \_\_\_\_\_ Diagnosis \_\_\_\_\_

What harm could have occurred as a result of this situation?

\_\_\_\_\_

How could this event have been prevented?

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Comments \_\_\_\_\_

\_\_\_\_\_

Course Coordinator Notified ☐ Please Check if Yes

Date Notified \_\_\_\_\_ Time Notified \_\_\_\_\_ Method (i.e. phone, email, etc.) \_\_\_\_\_

### Required Remediation or Follow-up Action

\_\_\_\_\_

Course Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_