

**Family Practice Inpatient Service
Adverse Outcome Review and Report**

Date of Event	
Attending Physician of Record	
Resident Physician Completing Form	
MRN	

1) Category of Adverse Outcome: Admitting Diagnoses Excluded

- Medication Error (Wrong drug or dose administered, wrong patient received)
- Adverse Drug Reaction (Complete ADR Report)
- Falls
- Nosocomial Infection (All sites)
- Aspiration
- Procedure or catheter related
- Hypoglycemia (requiring IV dextrose)
- Decubitus Ulcer (Stage II or higher)
- DVT
- Pulmonary embolism
- Myocardial Infarction
- CHF Exacerbation
- Acute Renal Failure (0.5mg/dL increase or greater in creatinine)
- Gastrointestinal Bleed
- Preventable Adverse Outcome Not Categorized Above

Describe: _____

2a) Was adverse outcome potentially avoidable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Skip to Question 3)
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2b) If yes, what potential alternative actions could have been taken?

2c) Was potential alternative management discussed after the event? (e.g., discussed with team, M&M rounds, UO Report, Risk Management notified, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2d) If yes, briefly describe:

3a) Did miscommunication of information contribute to this adverse outcome? (e.g., incorrect information signed out from ED, team)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3b) If yes, please explain:

4) Was this event discussed with patient or family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Attending Signature: _____ Date: _____