

Nursing Incident Report Template

Confidential – For Internal Health Services Use Only

This form is intended for documenting any unusual or adverse events involving patients, staff, or visitors within a healthcare or nursing environment. This includes falls, injuries, medical errors, equipment issues, behavioral incidents, or any other unexpected outcomes. Please complete this form as soon as is safely possible, ideally within 24 hours of the event. Submit to the designated supervisor or safety officer upon completion.

Individual Involved in the Incident

Full name:

Date of birth:

Role / Relationship to facility:

☐ Patient

☐ Staff

☐ Visitor

☐ Other

Unit / Department / Room:

Primary nurse or attending staff:

Event Summary & Circumstances

Date of incident:

Time of incident:

(AM / PM)

Location (unit/room/area):

Type of incident (check all that apply):

☐ Fall

☐ Medication error

☐ Treatment error

☐ Equipment malfunction

☐ Behavioral event

☐ Needle stick / Exposure

☐ Breathing/Cardiac distress

☐ Other

Brief description of incident:

Description of Events

Were any injuries sustained?

☐ Yes

☐ No

If yes, describe the nature and severity of the injuries:

Was first aid provided on-site?

☐ Yes

☐ No

If yes, by whom?

Was the individual transferred to emergency care?

☐ Yes

☐ No

Facility or provider:

Method of transport:

☐ Ambulance

☐ Wheelchair

☐ Other

Observed or Informed Witnesses

Did anyone witness the incident?

☐ Yes

☐ No

If yes, list witness names and roles:

Name _____

Contact info or unit _____

☐ Staff

☐ Patient

☐ Visitor

Name _____

Contact info or unit _____

☐ Staff

☐ Patient

☐ Visitor

Were statements collected?

☐ Yes

☐ No

☐ Verbal

☐ Written

Emergency & External Involvement

Police — Agency

Fire / EMT — Unit

Hospital transfer — Facility

Incident reported to family or guardian?

☐ Yes

☐ No

Name of contact:

Date/time of notification:

Notifier:

Report filed by:

Full name

Position / Role

Shift / Unit

Contact information

Signature

Date of submission

Internal Review & Administrative Use Only

Reviewed by (Name / Title):

Date of review:

Classification of incident:

Corrective / Preventive actions recommended:

Follow-up required?

☐ Yes

☐ No

Date report closed:

Additional notes:

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