**Hemovigilance Module**

**Incident**

**\*Required for saving**

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| \*Facility ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | NHSN Incident #: \_\_\_\_\_\_\_\_\_\_ | | | | | Local Incident # or Log #: \_\_\_\_\_\_\_\_\_ | | |
| **Discovery** | | | | | | | | | |
| \*Date of discovery: \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | |
| \*Time of discovery: \_\_ \_\_ : \_\_ \_\_(HH:MM) | | | | | | Time approximate | | | Time unknown |
| \*Where in the facility was the incident discovered? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| \*At what point in the process was the incident **first discovered**? (check one) | | | | | | | | | |
| Product check-in | Order entry | | | Sample testing | | | | Satellite storage | |
| Product storage | Sample collection | | | Product manipulation | | | | Product administration | |
| Inventory management | Sample handling | | | Request for pick-up | | | | Post-transfusion review/audit | |
| Product/test request | Sample receipt | | | Product issue | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*How was the incident **first discovered**? (check one) | | | | | | | | | |
| Visual inventory review | | | Observation by staff of unit/reagent/sample/equipment | | | | | | |
| Routine audit or supervisory review | | | Comparison of product label to patient information | | | | | | |
| Computer system alarm or warning | | | Comparison of product label to physician order | | | | | | |
| Comparison of sample to paperwork | | | When checking patient ID band | | | | | | |
| Repeat or sample re-testing | | | Notification or complaint from floor (nurse, MD, etc.) | | | | | | |
| Historical record/previous type check | | | When product/units returned to lab | | | | | | |
| Communication from lab to floor | | | Patient transfusion reaction | | | | | | |
| Human ‘lucky catch’ | | | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Occurrence** | | | | | | | | | |
| \*Date **initial** incident occurred: \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | |
| \*Time **initial** incident occurred: \_\_ \_\_ : \_\_ \_\_(HH:MM) | | | | | | Time approximate | | | Time unknown |
| Incident summary: (500 characters max)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

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| \*Incident code(s): (max 20) *Use NHSN incident codes in the surveillance protocol.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Code** | | | | | | **Occurrence Location** | | | | | | | | **Incident Code** | | | | | | **Occurrence Location** | | | | |
| **1** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **11** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **2** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **12** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **3** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **13** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **4** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **14** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **5** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **15** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **6** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **16** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **7** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **17** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **8** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **18** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **9** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **19** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **10** | **\_\_ \_\_ \_\_ \_\_** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **20** | | **\_\_ \_\_ \_\_ \_\_** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| MS 99 | | Miscellaneous, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Job function of the worker(s) involved in the incident: (max 6) *Use NHSN occupation codes in the protocol.* | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_ \_\_ \_\_ | | | | | \_\_ \_\_ \_\_ | | | | \_\_ \_\_ \_\_ | | | | | | \_\_ \_\_ \_\_ | | | | \_\_ \_\_ \_\_ | | | | \_\_ \_\_ \_\_ | |
| Other | | | Other (OTH), specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Worker unknown | | | | |
| \*Incident result: (check one) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 – Product transfused, reaction | | | | | | | | | | | | 3 – No product transfused, unplanned recovery | | | | | | | | | | | | |
| 2 – Product transfused, no reaction | | | | | | | | | | | | 4 – No product transfused, planned recovery | | | | | | | | | | | | |
| \*Product action: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | |
| Not applicable | | | | | | | | | | | | | | | | | | | | | | | | |
| Product retrieved and returned to inventory | | | | | | | | | | | | | | | | | | | | | | | | |
| Product retrieved and destroyed | | | | | | | | | | | | | | | | | | | | | | | | |
| ^Single or multiple units destroyed? | | | | | | | | | | | | | | | | | | | | | | | | |
| Single unit: | | | | | | | | | | | | | | | | | | | | | | | | |
| Code system used: | | | | | | | | ISBT-128 | | | | | Codabar | | | | | | | | | | | |
| Unit #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| **OR** | | | | Component code: \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | | | | | | | | | |
| Multiple units: (select code system used) | | | | | | | | | | | | | | | | | | | | | | | | |
| ISBT-128 | | | | | | | Codabar | | | | Component code: \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | Number of units: \_\_\_\_ | | |
| ISBT-128 | | | | | | | Codabar | | | | Component code: \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | Number of units: \_\_\_\_ | | |
| ISBT-128 | | | | | | | Codabar | | | | Component code: \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | Number of units: \_\_\_\_ | | |
| Product issued but not transfused | | | | | | | | | | | | | | | | | | | | | | | | |
| Product transfused | | | | | | | | | | | | | | | | | | | | | | | | |
| ^Was a patient reaction associated with this incident? | | | | | | | | | | | | | | | | | | Yes | | | No | | | |
| ^Patient ID#(s): | | | | | | | \_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_ |

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| \*Record/other action: (check all that apply) | | | | | | | |
| Record corrected | | Floor/clinic notified | | | Attending physician notified | | |
| Additional testing | | Patient sample re-collected | | | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Investigation Results** | | | | | | | |
| \*Did this incident receive root cause analysis? | | | Yes | | | No | |
| **Custom Fields** | | | | | | | |
| Label |  | | | Label | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ |
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| **Comments (2000 characters max)** | | | | | | | |
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