

**GM MTN: INCIDENT REPORTING PROFORMA**

|  |  |
| --- | --- |
| **Name & Grade of person reporting incident:**  | **NAME:** |
| **GRADE:**  |
| **Base hospital site:** |  |
| **Date & Time of patient arrival:** | **DATE:** | **TIME:** |
| **NWAS PRF number (if applicable)**  |  |
| **Location of Incident:** **(e.g. ED, Radiology, Theatre etc)** |  |
| **What part of the MT pathway is this regarding?** | **Pre-hospital care** | **ED reception** | **Definitive pathway** | **Rehabilitation** | **Repatriation** |
| **What happened/ did not happen?** |  |
| **Patient name and DOB/ NHS no****(Leave blank unless using NHS.net to NHS.net email)** | **NAME:** |
| **DOB:** |
| **NHS number:**  |
| **What actions did you take?** |  |
| **Please indicate your perceived level of severity**  | **1**(No Harm/ Insignificant) | **2**(Low/ Minor) | **3**(Moderate) | **4**(Severe Harm/ Major) | **5**(Catastrophic) |
| **What actions do you think were needed to prevent the incident in the first instant?** |  |

**For forms with patient identifiable information (name, NHS number, DOB etc.)**

**please send emails FROM an nhs.net account to:** **MFT.gmtraumagov@nhs.net**