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**GM MTN: INCIDENT REPORTING PROFORMA**

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| **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**](mailto:MFT.gmtraumagov@nhs.net)