VITAL POINT HEALTH CENTER

Medical Incident Report

Incident overview

Field	Instructions
Incident ID	*Assign code: MED-[YEAR]-[NUMBER]*
Date & time of incident	26 Mar 2030
Date & time reported	28 Mar 2030
Location	*Add location here*
Reported by	*Name*
Incident type	**Medication error** *If other, please specify:*
Severity level	No harm
Patient notified	✅ Yes Date notified: 27 Mar 2030

Incident description

What happened:

Provide a factual, step-by-step description — include events leading to the incident, what occurred, and immediate consequences. Avoid opinions or assumptions.	*Write here*

Contributing factors:

Note environmental, staffing, procedural, or equipment-related factors.

Note environmental, staffing, procedural, or equipment-related factors.	*Write here*

Witnesses / Staff involved:

List names, roles, and contact details of all involved personnel.	*Write here*

Response & outcome

Action	Status
Immediate medical interventions	⏳ Not set
Notifications made (physician, family)	⏳ Not set
Equipment or area isolated	⏳ Not set
Additional monitoring or treatment	⏳ Not set

Patient outcome

Summarize the patient's current status and follow-up care plan.	*Write here*

Follow-up & prevention

Root cause analysis (RCA)

Indicate if a formal RCA is needed.

☐ Required	☐ Note required	☐ Completed

If required,

RCA lead	Date scheduled	Status
Name, department	12 Apr 2030	✅ Done

Corrective actions

Record both immediate and long-term interventions.

Action type	Description	Responsible	Due
Immediate	*Add here*	*Name*	26 June 2030
Long-Term	*Add here*	*Name*	26 June 2030

Quality / Safety review

Schedule or confirm a quality review related to this incident.

☐ Scheduled	☐ Completed	☐ Note required

Next review date:

1 Aug 2030

Reviewer:

Name