OK-Incident Report

General Information

Location of Incident _____ This event was ☐ Observed ☐ Discovered

Critical Incidents

☐ Suspected abuse, neglect, or exploitation, notified ☐ Adult Protective Services ☐ Office of Client Advocacy ☐ Child Welfare Services ☐ Threat of suicide ☐ Attempt of suicide ☐ Death ☐ Unplanned hospital admission: ☐ psychiatric facility ☐ result of medication error ☐transport by ambulance ☐ Medication event resulting in need for emergency medical treatment ☐ Law enforcement involvement ☐ criminal ☐ behavioral	☐ Loss of property more than $500 ☐fire ☐natural disaster ☐theft ☐behavioral destruction ☐ Missing person ☐ lost ☐ in danger ☐ community protection issue ☐ police notified ☐ Unusual or significant incident that may attract media attention ☐ Use of highly restrictive procedure ☐ p.r.n. medication for behavioral control ☐ physical hold ☐ authorized in Protective Intervention Plan (PIP) ☐ injury ☐ other

p.r.n Medication Name: _____ Time: _____ Dose::_____

Amount of time in physical hold_____ Other highly restrictive procedure used _____

Non-critical Incidents

☐ Injury ☐ Unplanned health-related event ☐ treatment not required ☐ treatment, consultation, or both by physician ☐ treatment by other than physician ☐ emergency room visit ☐ transport by ambulance ☐ Physical aggression toward ☐ self, self-injurious behavior (SIB) ☐ staff ☐ others ☐ Fire setting ☐ Deliberate harm to an animal	☐ Loss of property less than $500 ☐ fire ☐ natural disaster ☐theft ☐behavioral destruction ☐ Vehicle accident ☐ Suspension, removal, or termination of person's program including employment ☐ Medication event ☐ dose at wrong time ☐missed dose ☐wrong dose ☐ wrong medicine ☐ wrong route ☐ refused medication ☐ documentation incorrect ☐ incorrect label or instruction ☐ no medical treatment required ☐ other significant occurrence involving medication

Other significant occurrence involving medication_____

Follow-up/action needed ☐ Yes ☐ No

Explain: _____

_____

_____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....**am/pm**

Note:- Required fields are marked with an asterisk (*)