

VARIANCE REPORT

Patient Name: _____ DOB: _____
 Chart #: _____ Date/Time of Incident: _____

DESCRIPTION OF EVENT

<p><u>Patient Fall</u> (Circle one)</p> <p>1 Ambulating 2 From _____ 3 Other _____ (Circle those applicable) 4 Patient Unattended 5 Floor Slippery 6 Struck by another person 7 Other _____</p>	<p><u>Medication Variance</u> (Circle one)</p> <p>1 Wrong Route 2 Wrong Dose 3 Wrong Medication 4 Wrong Patient 5 Omitted 6 Extra/Duplicate Dose 7 Adverse Effects 8 Medication Missing 9 Other _____ _____</p>	<p><u>Procedural Variance</u> (Circle one)</p> <p>1 Performed on wrong patient 2 Performed on wrong site 3 Improper preparation of pt. 4 Lost/Spoiled Specimen 5 Omission of a treatment 6 Treatment performed incorrectly 7 Procedure delayed 8 Lab values questionable 9 Pt. did not arrive as scheduled 10 Other _____</p>	
<p><u>Equipment Variance</u> (Circle one)</p> <p>1 Electrical problem 2 Electrical shock 3 Equipment not working 4 Improper use 5 Mechanical problem 6 Operator unqualified 7 Wrong equipment 8 Other malfunction/defect: _____</p>	<p><u>Security Event</u> (Circle one)</p> <p>1 Damage/Loss of property 2 Security problem 3 Drug count variance 4 Drug tampering 5 Prescription theft 6 Prescription alteration 7 Other _____</p> <p><u>AMA Event</u> (Circle one)</p> <p>1 Patient refused treatment 2 Patient left without being seen by MD Reason: _____</p>	<p><u>Miscellaneous Event</u> (Circle one)</p> <p>1 Consent problem 2 Patient struck staff 3 Threats of suit 4 Patient struck object 5 Medical record problem/chart missing 6 Complaint _____ _____</p> <p>7 Injury _____ Other _____ _____</p>	
<p>Location of Incident: _____</p>	<p>Staff most closely involved: _____</p>	<p>Physician Aware? No Yes Time Notified: _____</p>	
<p><u>Patient Factors R/T Incident</u> (Circle all applicable)</p> <p>1 Alert/Normal 2 Agitated 3 Unconscious 4 Refuses to cooperate 5 Confused 6 Depressed 7 Sedated Other: _____</p>	<p>8 Anesthetized 9 Appears intoxicated 10 Language barrier 11 Up ad lib 12 Ambulated w/assist 13 Appearance of alcohol/ substance abuse</p>	<p><u>Injury</u> (Circle one)</p> <p>1 No adverse effect 2 Slight injury/no damage 3 Injury requires additional care 4 N/A 5 Diagnostics? _____</p>	<p><u>Pt/Family Attitude After Incident</u> (Circle one)</p> <p>1 Unaware 2 Understanding 3 Angry/Upset 4 Threats of Suit</p>
<p>Witnesses: _____</p>	<p>Disposition: 1 Contact pt. 2 Terminate pt/physician relationship 3 Record/monitor only 4 Contact PL carrier Other: _____</p>		
<p>Description of Incident: _____ _____ _____</p>			
<p>Follow-Up Actions: _____ _____ _____</p>			