

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: <i>(e.g. ED, Radiology, Theatre etc)</i>					
What part of the MT pathway is this regarding?	Pre-hospital care	ED reception	Definitive pathway	Rehabilitation	
What happened/ did not happen?					
Patient name and DOB/ NHS no <i>(Leave blank unless using NHS.net to NHS.net email)</i>	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