



Bundaberg Health Service District

Sentinel Event Report Form

Sentinel events are rare and serious events that require prompt and in-depth investigation
Sentinel events must be reported verbally to the District Manager, Director of Medical Services, Director of
Nursing and other relevant Director immediately

	<u> </u>	ng a black pen	and other jelevan	r Director inni	iculately	Angles () the first the second of the secon	- 11/55 Libert 1250 - Libert				
Site		Bundaberg	☐ Childers	☐ Gin Gin ☐ Mt. Perry			/tt. Perry				
	_		Details of the	he subject of t	he sentinel event (fill in applicable details)						
Last Name:	Or affix Pa	itient Label		Sex of Patient:	☐ Male	☐ Female	☐ Not stated				
First Name:				IMHS Clients:	☐ Voluntary	☐ Involuntary	□ Unknown				
UR Number:				7	Inpatient Unit						
DOB/Age:				Unit	Unit where even	l occurred					
. Forters	Name:			Signäture							
	Contact No.			Date							
Reporters Classification:	☐ Nurse	e	☐ Allied Health	Professional	☐ Other - :	specify					
Sentinel Event	□ S	□ Surgery/procedure on the wrong patient/wrong body part									
· 算量的學生 第17 賽車 翻步 1942											
		irect maternal death									
	□ s	udden and unexpecte	ed death of an infa	nt associated w	vith labour o	or delivery					
		eath of a patient duri	ng surgery								
	□ " l	Unexpected" death of a patient									
	□ Н	Haemolytic blood transfusion reaction resulting from ABO incompatibility									
	□ In	Instrument or other materials inadvertently left in body cavity or operation wound following a									
	р	procedure									
	□ In	Intravascular gas embolism resulting in death or neurological damage									
	☐ Infant discharged to wrong family										
		☐ Death of an employee during the course of their duties									
• ,	Mental	Health specific:									
			death of any patie	nt (inpatient or	community) of a mental he	alth service.				
		Suicide or unexpected death of any patient (inpatient or community) of a mental health service. Suicide or unexpected death of any person who has been in contact with a mental health service or									
· ·		emergency department within the 7 days preceding the incident.									
	0	or is reasonably suspected to have had, a serious mental illness									
•		the state of the s									
-		have, a serious mental illness.									
		·									
Date of Event		-		Time of Event		-	hours				
-											



Bundaberg Health Service District

Sentinel Event Report Form

Reported to:	□ DM	□ DMS	□ DON	Time reported	hours
Also reported to:	□ DCAHS	□ DCS	☐ Service Director IMHS	Time :	
Narrative Provide details		·	<u> </u>		
of how this event occurred.					
including people involved			A STATE OF THE STA		
outcomes etc					
Attach additional sheets if insufficient					
space				······································	
				· · · · · · · · · · · · · · · · · · ·	
	<u> </u>				
				, , , , , , , , , , , , , , , , , , , 	
			eren en e		NEW THE PARTY OF T
			7-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		usunivers mere and the conference and universal and restrict to the conference of th
	·	***************************************		the second control of	
			And the second s		
			and the state of t		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	· · · · · · · · · · · · · · · · · · ·		and the second s		
		.			residue-P-110-10000
					,
				Market Ma	
				L. U. Arraman Marian Company	
-			, , , , , , , , , , , , , , , , , , ,	A A A A A A A A A A A A A A A A A A A	***************************************
	-				-