

Contact Info Event Patient Device Test

Cancel

RECORD NOT FOUND ERROR occurred getting clinic record
ERROR occurred getting networks for user

EVENT INFORMATION

Event title: (short description to help you identify this event) [?]

When did the event happen? (mm/dd/yyyy) [?]
 ¹ Calendar

How many days ago did you first become aware of the event? [?]
 less than or equal to 10 days ago more than 10 days ago

Date of this report: (mm/dd/yyyy) [?]
4/29/2011 ¹ Calendar

Where did this event occur? [?]
 Hospital Home
 Nursing home Outpatient treatment facility
 Outpatient diagnostic facility Ambulatory surgical facility
 Laboratory not within a hospital Physician's office
 Not known Not applicable
 Other

The device(s) may have caused or contributed to: (Check all that apply) [?]
 Death
 Serious injury
 Potential harm to a health care provider [Indicates voluntary report]
 Minor injury to the patient or health care provider [Indicates voluntary report]
 Potential for patient harm [Indicates voluntary report]
 Not known
 Not applicable

Was there a problem with the device (such as a defect, malfunction, break, etc)? [?]
 Yes No
 Not known Not applicable

Was someone directly "operating" the device at the time of the event? [?]
 Yes No
 Not known Not Applicable

Were there other devices being used on the patient at the time of the event that may have caused or contributed to the event? [limit: 50 lines of text] [?]

Were there other therapies being used on the patient at the time of the event that may have caused or contributed to the event? (Check all that apply) [?]
 Cardiac Drugs Chemotherapy
 Dialysis Hormonal Replacement Therapy
 Immunotherapy Long-Term Antibiotics
 Prenatal medication Other
 No other therapies Not known
 Not applicable

Describe the event or problem. Please provide as much detail as possible. [limit: 50 lines of text] [?]

What was the original intended procedure? [?]