NHSN
National Healthcare
Safety Network

Hemovigilance Module
Incident

*Required for saving

*Facility ID#: _____	NHSN Incident #: _____	Local Incident # or Log #: _____

Discovery

*Date of discovery: __ __ /__ __ / __ __ __ __

*Time of discovery: __ __ : __ __ (HH:MM) ☐ Time approximate ☐ Time unknown

*Where in the facility was the incident discovered? _____

*At what point in the process was the incident **first discovered**? (check one)

☐ Product check-in   ☐ Order entry   ☐ Sample testing   ☐ Satellite storage

☐ Product storage   ☐ Sample collection ☐ Product manipulation   ☐ Product administration

☐ Inventory management ☐ Sample handling   ☐ Request for pick-up   ☐ Post-transfusion review/audit

☐ Product/test request   ☐ Sample receipt   ☐ Product issue   ☐ Other _____

*How was the incident **first discovered**? (check one)

☐ Visual inventory review   ☐ Observation by staff of unit/reagent/sample/equipment

☐ Routine audit or supervisory review   ☐ Comparison of product label to patient information

☐ Computer system alarm or warning   ☐ Comparison of product label to physician order

☐ Comparison of sample to paperwork   ☐ When checking patient ID band

☐ Repeat or sample re-testing   ☐ Notification or complaint from floor (nurse, MD, etc.)

☐ Historical record/previous type check   ☐ When product/units returned to lab

☐ Communication from lab to floor   ☐ Patient transfusion reaction

☐ Human 'lucky catch'   ☐ Other (specify) _____

Occurrence

*Date **initial** incident occurred: __ __ /__ __ / __ __ __ __

*Time **initial** incident occurred: __ __ : __ __ (HH:MM) ☐ Time approximate ☐ Time unknown

Incident summary: (500 characters max)

_____

_____

_____

_____

CDC 57.305, Rev. 4, v8.1

Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
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NHSN
National Healthcare

burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333 ATTN: PRA (0920-0666).

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*Incident code(s): (max 20) *Use NHSN incident codes in the surveillance protocol.*

Incident Code	Occurrence Location		Incident Code	Occurrence Location
1 __ __ __ __	_____	11	__ __ __ __	_____
2 __ __ __ __	_____	12	__ __ __ __	_____
3 __ __ __ __	_____	13	__ __ __ __	_____
4 __ __ __ __	_____	14	__ __ __ __	_____
5 __ __ __ __	_____	15	__ __ __ __	_____
6 __ __ __ __	_____	16	__ __ __ __	_____
7 __ __ __ __	_____	17	__ __ __ __	_____
8 __ __ __ __	_____	18	__ __ __ __	_____
9 __ __ __ __	_____	19	__ __ __ __	_____
10 __ __ __ __	_____	20	__ __ __ __	_____

☐ MS 99   Miscellaneous, specify _____

Job function of the worker(s) involved in the incident: (max 6) *Use NHSN occupation codes in the protocol.*

__ __ __   __ __ __   __ __ __   __ __ __   __ __ __   __ __ __

☐ Other   Other (OTH), specify _____   ☐ Worker unknown

*Incident result: (check one)

☐ 1 – Product transfused, reaction   ☐ 3 – No product transfused, unplanned recovery

☐ 2 – Product transfused, no reaction   ☐ 4 – No product transfused, planned recovery

*Product action: (check all that apply)

☐ Not applicable

☐ Product retrieved and returned to inventory

☐ Product retrieved and destroyed

   ^Single or multiple units destroyed?

   ☐ Single unit:

   Code system used: ☐ ISBT-128   ☐ Codabar

   Unit #: __ __ __ __ __   __ __   __ __ __ __ __ __   __ __   __

   OR   Component code: __ __ __ __ __

   ☐ Multiple units: (select code system used)

      ☐ ISBT-128 ☐ Codabar   Component code: __ __ __ __ __   Number of units: ____

      ☐ ISBT-128 ☐ Codabar   Component code: __ __ __ __ __   Number of units: ____

      ☐ ISBT-128 ☐ Codabar   Component code: __ __ __ __ __   Number of units: ____

☐ Product issued but not transfused

☐ Product transfused

   ^Was a patient reaction associated with this incident?   ☐ Yes   ☐ No

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^Patient ID#(s): _____ _____ _____ _____ _____

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*Record/other action: (check all that apply)

☐ Record corrected ☐ Floor/clinic notified ☐ Attending physician notified

☐ Additional testing ☐ Patient sample re-collected ☐ Other (specify) _____

Investigation Results

*Did this incident receive root cause analysis? ☐ Yes ☐ No

 ^If Yes, result(s) of analysis: (check all that apply)

 ☐ Technical ☐ Organizational ☐ Human ☐ Patient-related

 ☐ Other (specify) _____

Custom Fields

Label		Label	
_____	__ __/__ __/__ __ __	_____	__ __/__ __/__ __ __
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments (2000 characters max)

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