Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

![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)

_____

_____

_____

_____

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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

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

*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

Custom Fields

Label   Label

_____ __ __/__ __/__ __ __ __   _____ __ __/__ __/__ __ __ __

_____ _____   _____ _____

_____ _____   _____ _____

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Comments (2000 characters max)

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