



NURSING PRACTICE RISK FORM

(Use to notify supervisory staff that a risk exists. Please use your organisation's usual form if reporting an accident or incident)

Persons at risk:

- Person/s, Staff, Visitor/s

Other (please specify).....

Predisposing factor/s: (tick one or more)

- Staff numbers, Staff skills, Inappropriate/Damaged Equipment, Lack of supplies/resources, Illegible writing, Inadequate orders, Inadequate documentation, verbal order

Other (please specify).....

Explanatory note: (use to give more details where necessary)

.....

There is a risk of: (tick one or more)

- Accident, Drug error/s, Equipment failure, OHS breach, Treatment/drug omission, Inadequate reporting, Inadequate care, Inadequate patient assessment

Other (please specify).....

Name of health service: .....

Date: ..... Ward/Unit/Dept: .....

Time: .....

Risk identified by: .....

Designation/classification: .....

Nurses have a duty and obligation to report unsafe environments or inadequate resources which pose a risk to clients or staff.

Distribution:

Copy to management, copy for your own record, copy to ANF Helpline