Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Nevada State Health Division whenever a sentinel event occurs at a medical facility. Visit the Health Division's sentinel events webpage for further guidance.

FOR STATE USE ONLY	
REGISTRY NUMBER:	
DATE RECEIVED:	

DATE OF SENTINEL EVENT: _____ YYYYMMDD

FACILITY INFORMATION

FACILITY LICENSE NUMBER: _____

FACILITY NAME: _____

REPORT COMPLETED BY: _____ LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL

DATE FACILITY BECAME AWARE: _____ YYYYMMDD

DATE AND TIME STATE NOTIFIED: _____ YYYYMMDD

PATIENT INFORMATION

PATIENT CONTROL NUMBER: _____

MEDICAL RECORD NUMBER: _____

PATIENT'S RESIDENT COUNTRY: 185

PATIENT'S RESIDENT STATE/DISTRICT/TERRITORY (if USA): 28

PATIENT'S RESIDENT COUNTY (if Nevada): _____

PATIENT'S SEX: ☐ male ☐ female

PATIENT'S DATE OF BIRTH: _____ YYYYMMDD

DATE PATIENT/FAMILY/SIGNIFICANT OTHER NOTIFIED OF SENTINEL EVENT: _____ YYYYMMDD

METHOD OF NOTIFICATION: _____

EVENT INFORMATION

DEPARTMENT WHERE PATIENT WAS PHYSICALLY LOCATED WHEN SENTINEL EVENT OCCURRED

_____

ancillary/other - specify: _____

TYPE OF EVENT

_____

HAI other - specify: _____ other - specify: _____

OUTCOME _____ RISK _____

Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Nevada State Health Division whenever a sentinel event occurs at a medical facility. Visit the Health Division's sentinel events webpage for further guidance.

FOR STATE USE ONLY	
REGISTRY NUMBER:	

ADDITIONAL INFORMATION/COMMENTS

Fax to (775) 684-5999 or send via certified mail with a return receipt to:

ATTN: Sentinel Events Registry
Nevada State Health Division
4150 Technology Wy Ste 305
Carson City NV 89706-2009

print