

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 Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's [sentinel events webpage](#) for further guidance.

DATE OF SENTINEL EVENT:
 YYYYMMDD

REGISTRY NUMBER:
 DATE RECEIVED:

FACILITY INFORMATION

FACILITY LICENSE NUMBER:

FACILITY NAME:

REPORT COMPLETED BY:
 LAST NAME FIRST NAME MIDDLE INITIAL

DATE FACILITY COMPLETED SECTION II:
 YYYYMMDD

PRIMARY CONTRIBUTING FACTOR(S)
 (Check a maximum of 4 boxes.)

PATIENT-RELATED	<input type="checkbox"/> training inadequate/not done	<input type="checkbox"/> equipment - failure(s)
<input type="checkbox"/> alcohol/drugs	ENVIRONMENT	<input type="checkbox"/> equipment - incorrect
<input type="checkbox"/> allergy - known	<input type="checkbox"/> emergency situation - external	<input type="checkbox"/> equipment - unavailable
<input type="checkbox"/> allergy - unknown	<input type="checkbox"/> emergency situation - internal	<input type="checkbox"/> expiration date issue
<input type="checkbox"/> confusion	<input type="checkbox"/> lighting problem	<input type="checkbox"/> failure in dispensing
<input type="checkbox"/> frail/unsteady	<input type="checkbox"/> noise level	<input type="checkbox"/> fax/scanner problem
<input type="checkbox"/> language barrier	<input type="checkbox"/> wet/slippery floor/surface	<input type="checkbox"/> incorrect dilution/concentration
<input type="checkbox"/> line/catheter/endotracheal tube removed	COMMUNICATION/DOCUMENTATION	<input type="checkbox"/> incorrect dose
<input type="checkbox"/> medicated	<input type="checkbox"/> abbreviation(s)	<input type="checkbox"/> incorrect infusion rate
<input type="checkbox"/> non-compliant	<input type="checkbox"/> hand-off/teamwork/cross-coverage	<input type="checkbox"/> incorrect medication route
<input type="checkbox"/> physical impairment	<input type="checkbox"/> illegible documentation	<input type="checkbox"/> labeling/packaging - ambiguous
<input type="checkbox"/> psychosis	<input type="checkbox"/> lack of communication	<input type="checkbox"/> labeling/packaging - incorrect
<input type="checkbox"/> self-administration	<input type="checkbox"/> lack of/inadequate documentation	<input type="checkbox"/> omission
<input type="checkbox"/> self-harm	<input type="checkbox"/> medical record - incorrect	<input type="checkbox"/> prescription - incorrect
STAFF-RELATED	<input type="checkbox"/> medical record - unavailable	<input type="checkbox"/> prescription - unavailable
<input type="checkbox"/> clinical decision/assessment	<input type="checkbox"/> transcription error(s)	<input type="checkbox"/> supplies - incorrect
<input type="checkbox"/> clinical performance/administration	<input type="checkbox"/> verbal communication - inadequate	<input type="checkbox"/> supplies - unavailable
<input type="checkbox"/> failure to follow policy and/or procedure	<input type="checkbox"/> verbal communication - incorrect	<input type="checkbox"/> test - incorrect
<input type="checkbox"/> iatrogenic error(s)	<input type="checkbox"/> written communication - inadequate	<input type="checkbox"/> test - unavailable
<input type="checkbox"/> patient identification	<input type="checkbox"/> written communication - incorrect	<input type="checkbox"/> test results - incorrect
<input type="checkbox"/> working outside scope of practice	TECHNICAL	<input type="checkbox"/> test results - unavailable
ORGANIZATION	<input type="checkbox"/> computer error(s)	<input type="checkbox"/> treatment delay
<input type="checkbox"/> culture - principles, ethics, values	<input type="checkbox"/> dose miscalculation	<input type="checkbox"/> wristband - incorrect
<input type="checkbox"/> inappropriate/no policy/process	<input type="checkbox"/> drug names similar/confusing	<input type="checkbox"/> wristband - unavailable
<input type="checkbox"/> patient volume exceeds capacity	<input type="checkbox"/> drug/blood product - incorrect	<input type="checkbox"/> wrong frequency
<input type="checkbox"/> staffing level	<input type="checkbox"/> drug/blood product - unavailable	<input type="checkbox"/> other
other - Specify. <input type="text"/>		<input type="checkbox"/> none

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REGISTRY NUMBER:

CONTRIBUTING DEPARTMENT(S)
(Check a maximum of 4 boxes.)

<input type="checkbox"/> anesthesia/PACU	<input type="checkbox"/> intermediate care	<input type="checkbox"/> pediatric emergency department
<input type="checkbox"/> antepartum	<input type="checkbox"/> labor/delivery	<input type="checkbox"/> pediatric intensive/critical care
<input type="checkbox"/> cardiac catheterization suite	<input type="checkbox"/> laboratory	<input type="checkbox"/> pediatrics
<input type="checkbox"/> dialysis unit	<input type="checkbox"/> long term care	<input type="checkbox"/> pharmacy
<input type="checkbox"/> emergency department	<input type="checkbox"/> medical/surgical	<input type="checkbox"/> postpartum
<input type="checkbox"/> endoscopy	<input type="checkbox"/> neonatal unit (level 2)	<input type="checkbox"/> psychiatry/behavioral health/ geropsychiatry
<input type="checkbox"/> gynecology	<input type="checkbox"/> neonatal unit (level 3)	<input type="checkbox"/> pulmonary/respiratory
<input type="checkbox"/> imaging	<input type="checkbox"/> newborn nursery (level 1)	<input type="checkbox"/> trauma emergency department (level 1)
<input type="checkbox"/> inpatient rehabilitation unit	<input type="checkbox"/> observational/clinical decision unit	<input type="checkbox"/> trauma emergency department (level 2)
<input type="checkbox"/> inpatient surgery	<input type="checkbox"/> outpatient/ambulatory care	<input type="checkbox"/> trauma emergency department (level 3)
<input type="checkbox"/> intensive/critical care	<input type="checkbox"/> outpatient/ambulatory surgery	<input type="checkbox"/> ancillary/other
ancillary/other - Specify. <input style="width: 700px; height: 20px;" type="text"/>		

CORRECTIVE ACTION(S)
(Check all that apply.)

<input type="checkbox"/> disciplinary action(s)	<input type="checkbox"/> procedure modification
<input type="checkbox"/> environmental change(s)	<input type="checkbox"/> procedure review
<input type="checkbox"/> equipment modification(s)	<input type="checkbox"/> process development
<input type="checkbox"/> equipment repair(s)	<input type="checkbox"/> process modification
<input type="checkbox"/> policy development	<input type="checkbox"/> process review
<input type="checkbox"/> policy modification	<input type="checkbox"/> situation analysis
<input type="checkbox"/> policy review	<input type="checkbox"/> staff education/in-service training
<input type="checkbox"/> procedure development	<input type="checkbox"/> other
other - Specify. <input style="width: 800px; height: 20px;" type="text"/>	

