Paediatric Critical Care Issues Database (PaediCRID)

Reporting Form v1

**Please use this form to notify the Network of an adverse event as soon as possible**

**Email to bwc.paedicrid@nhs.net, either from an NHS.net account, or encrypting as per your Trust guidelines. If this can’t be done, please ommit section 2 in the interim**

**Part 1 - Notification**

|  |  |
| --- | --- |
| Datix or Other Trust Reference Number: |  |
| Reporting Clinician: |  |
| Reporting Organisation: |  |
| Date of notification: |  |

**Part 2 – Patient Details**

|  |  |
| --- | --- |
| Patient name |  |
| Date of Birth |  |
| NHS Number |  |

**Part 3 – Case Details**

|  |  |
| --- | --- |
| Date the issue occurred? |  |
| Time the issue occurred? |  |
| Trust / organisation the issue is about? | Choose an item. |
| *Other, if not on above list* |  |
| Issue location | Choose an item. |
| *Other, if not on above list* |  |
| Issue Type | Choose an item. |
| *Other, if not on above list* |  |
| Issue Team | Choose an item. |
| *Other, if not on above list* |  |
| Issue Description? – please provide as much detail as possible inc time-lines |  |
| What actions have been taken to date? |  |
| What actions are outstanding? |  |
| Please indicate if you wish to discuss this case at your Network Board Meeting or escalated to the Oversight Board | \*Internal (Trust v Trust only)  \*Network Board Meeting  \*Oversight Board  *\*Delete appropriately* |