H-38 Medical Event Reporting Form
Therapy

Contact Information

State Choose a State

Name

Phone

Email

What is the event being reported?

1. Radiation Therapy Event (Check all that apply)
- ☐ Wrong patient
- ☐ Wrong treatment modality
- ☐ Wrong anatomical treatment site
- ☐ Weekly administered dose to all or part of the intended site differs from weekly prescribed dose by > 30%
- ☐ Total administered dose to all or part of the intended site differs from total prescribed dose by > 20%
- ☐ Single fraction of a multi fraction treatment. Dose to all or part of the intended site differs by >50%
- ☐ Unintended overdose to normal tissues
- ☐ Other (explain)

2. Summarize the incident in a single sentence headline:

3. Describe the details of the incident. Use language that would be understandable to an expert in another clinic:

4. Describe corrective action taken by the facility and/or the regulating body if reporting was required to prevent recurrence:

5. Your determination of the severity of the event:
- ○ None (no consequences)
- ○ Minor (minor or no expected consequences, inconvenience)
- ○ Moderate (moderate side effect or impairment of organ(s) or function(s))
- ○ Severe (severe impairment or organ(s) or function(s))
- ○ Serious (life-threatening complications, dose far higher than tolerable)
- ○ Death

6. Person (Include their title) who reported the event:

7. Physical Location of Event (ie, facility type, address , state):

8. Date(s) of the event: Occurrence Date(s), Time of day of occurrence (s)

9. Who discovered the event
- ○ Physician
- ○ Physicist
- ○ Therapist
- ○ Dosimetrist
- ○ Technical service staff (engineer)
- ○ Other

10. How was it discovered?
- ○ Chart Check
- ○ In vivo dosimetry
- ○ Portal Imaging
- ○ Clinical Review of patient
- ○ Equipment QC
- ○ External Audit
- ○ Internal Audit

Other

11. When was error discovered:
- ○ Before patient's first treatment
- ○ At patient first treatment
- ○ After patient first treatment

12. Was more than one patient involved in the event?
- ○ Yes
- ○ No

If Yes, please provide detail:

13. Equipment used:

a. Machine(s)/Hardware involved (Manufacturer/Model/Version or SN):

b. Software Involved (Manufacturer/Model/Version):

14. External Beam Technique (select all that apply)
- ☐ IMRT
- ☐ IGRT
- ☐ 3D conformal
- ☐ Modulated Arc Therapy
- ☐ Electons
- ☐ SRS
- ☐ SBRT
- ☐ Protons
- ☐ Other (specify)

15. Type of error:
- ○ Wrong patient
- ○ Incorrect energy
- ○ Incorrect field size
- ○ Incorrect dose
- ○ Incorrect treatment accessory (blocking, wedge, MLC pattern), etc.
- ○ Gross Alignment Error
- ○ Other

16. Was any part of patient's treatment delivered incorrectly?
- ○ Yes
- ○ No
- ○ Unknown

If yes, number of fractions that delivered incorrect treatment:

17. Dose deviation from intended:
- ○ 0-5%
- ○ 6-10%
- ○ 11-20%
- ○ 21-50%
- ○ >50%

18. Provide the values for (1) Intended/Prescribed and (2)Delivered:

Treatment site
Daily dose received (Gy)
Total Dose received (Gy)
Field size
Beam/Energy

19. Causes/Contributing Factors (indicate all that apply):
- ☐ Inadequate Policy & Procedures
- ☐ Inadequate QA
- ☐ Inadequate Training
- ☐ Documentation & Communication (Records, Staff, Hardware/Software data flow)
- ☐ Therapist Error
- ☐ Physics/Dosimetry Error
- ☐ Physician Error
- ☐ Equipment Malfunction
- ☐ Other

Corrective action:

20. Was an intervention attempted in order to 'rescue' the patient, i.e., to prevent . minimize or reduce harm?

- Yes,
- No,
- Uknown

21. Were any additional tests or treatments required as a result of the incident?

- Yes
- No
- Unknown

22. Did or will the incident result in an increased length of stay in the hospital ?

- Yes
- No
- Unknown

23. After the discovery of the incident, was the patient, patient's family, or guardian notified ?

- Yes
- No
- Unknown

24. Were the patient's primary care and other involved referring physicians notified?

- Yes
- No
- Unknown

25. Did the Radiation Safety Officer review the event?

- Yes
- No
- Unknown

If Yes, summarize RSO's review:

26. If Equipment malfunction or defect is identified, have relevant state or national agency and manufacturers been informed?

- Yes
- No
- Unknown