**APPENDIX 1**

**Unplanned Deviation Report Form**

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| **Patient sticky label** |  | | |
| Deviation reported by: |  | | |
| Deviation Identified: | Date: Time: | | |
| Which protocol, policy or nursing care plan has the deviation taken place from? | | | |
| Detail of deviation: | | | |
| What, if any are the consequences/potential harm of this deviation? | | | |
| Corrective actions required rectifying this deviation? | | | |
| What was the root cause that instigated this deviation? | | | |
| What preventative measures have been initiated? | | | |
| Has this deviation been documented in the case notes of the patient affected?  \*Has this deviation been discussed with the patient? | | Yes  Yes | No  No |
| Has an incident report been completed? | | Yes | No |
| \*If you have answered **no,** please describe briefly why: | | | |
| Approved by:  Date/time: | | | |

**Please forward a copy of this form to: OxBMT/IEC Programme Quality Manager.**