**APPENDIX 2**

**Planned Deviation Report Form**

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| --- | --- | --- | --- |
| **Patient sticky label** |  | | |
| Deviation requested by |  | | |
| Date |  | | |
| Which protocol, policy or nursing care plan will the deviation take place from? | | | |
| Detail of deviation: | | | |
| What, if any, are the consequences/benefits of this deviation? | | | |
| 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**