

Alamo Local Authority Critical Incident Reporting System

Provider / Agency / Company

Month: _____
Year: _____

RU: _____
Program: _____

Data Element

Total

	Wrong Medication	Wrong Dose	Omitted Dose	
1 Medication Error				
2 Serious Physical Injury				
3 Death				
4 Behavior Plan Authorizing Restraint				
5 Emergency Personal Restraint				
6 Emergency Mechanical Restraint				
7 Emergency Chemical Restraint				
8 Restraint Unduplicated Number of Individuals who require any type of Emergency				