SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, THIRUVANANTHAPURAM-695 011

NEEDLE STICK INJURY (NSI) INCIDENT REPORTING FORM

1. Name: 2.Code No: 3.Unit:

4. Designation: 5.Temporary/Permanent

6. Description of Incident:

(It includes date, place, and actual incident: circumstances lead to incident and the gravity of injury & Parts involved)

SNO / Unit In charge

7. Status of source (in case of ‘”Needle stick Injuries “& Splashes of blood & body fluid).

- HIV - Negative/Positive
- Hbs Ag - Negative/Positive
- HCV - Negative/Positive
- Diagnosis of Source

8. Status of Victim:

- Vaccination against Hep.B: Taken/Not Taken
- Hbs Ag last tested:
- Antihbs titre:
- Allergic to drugs if any:

9. Probable cause of the incident:

Infection Control Nurse

10. Reporting Officer: (Dr. Bineesh K R)

11. Investigations:

- HIV
- Hbs Ag
- HCV
- Anti Hbs Titre
- X-Ray

12. Staff Physician/Senior Resident:

13. ANS/ Nursing Supervisor:

14. Nursing Superintendent:

15. Medical Superintendent:

16. Follow Up: