

Clark College Department of Nursing
Clinical Incident Report

Student's Name _____ Course _____ Date _____

You must complete this Clinical Incident Report and turn it into your Clinical instructor
by _____.

Has a similar incident occurred previously? Yes No

Describe the incident/behavior that has resulted in this Clinical Incident Report.

Who could be affected by your action/inaction?

What policy and/or practice were not adhered to? (Reference circle or write in: Policy & Practices for Nursing
Students Handbook, Course syllabus, HIPAA violation, other _____)

What are your measurable goal(s) to correct the behavior(s)?

What are your interventions for success in obtaining your goals?

What are your rationales for each of your interventions?

How will you evaluate your goal(s)?

Student Comments:

Student Signature _____ Date _____

Is student's self-care plan to correct behaviors: Satisfactory Unsatisfactory Student record
reviewed?

Instructor Comments:

Instructor Signature _____ Date _____

I acknowledge and understand my instructor's additions and comments to my plan.

Student Signature _____ Date _____.