**CLINICAL CASE REVIEW**

**Child Health Directorate**

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| **Date of event** | *Click here to enter a date.* |
| **Date of submission/reporting** | *Click here to enter a date.* |
| **Datix Number** |  |
| **SAC Score** |  |
| **Report commissioned by** |  |
| **Open Disclosure** | *Choose an item.* |
| **Reviewed by (name of individual or team members)** |  |

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| Brief overview of event: |
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| **Description of case and adverse event** (Include patient clinical setting, adverse event, outcome for patient and immediate actions taken if applicable) |
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| **Discussion** |
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| **Recommendations** | | | | | |
| **Rec no.** | **Action** | **By whom** | **Outcome measure** | **Timeframe** | **Completion date** |
|  |  |  |  |  | *Click here to enter a date.* |
|  |  |  |  |  | *Click here to enter a date.* |
|  |  |  |  |  | *Click here to enter a date.* |
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| **Incidental findings** |
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| **Timeline** | | | |
| **Date** | **Time** | **Description of action** | **Issues of note** |
| *Click here to enter a date.* |  |  |  |
| *Click here to enter a date.* |  |  |  |
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| **Date Report Completed:** | *Click here to enter a date.* |
| **On-going Evaluation of progress on recommendations** | *Choose an item.* |
| **Final Report sent to:** *(including HDC, external providers / stakeholders)* | *Choose an item.* |
| **Patient / Family communication plan:** *(Please include whether the report was sent to the patient or family if relevant)* | *Choose an item.* |
| **Staff communication plan:** |  |