**附件一**

**馬偕學校財團法人馬偕醫學大學護理學系**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_異常事件處置表**

**表單編號：**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **護生姓名** |  | | **發生**  **地點** |  | | **發生日期** |  | | **填表日期** |  | |
| **病患資料** |  | | | | | **病歷號碼** |  | | | | |
| **異常事件經過** |  | | | | | | | | | | |
| **處理對策** |  | | | | | | | | | | |
| **異常原因** |  | | | | | | | | | | |
| **護生自我檢討及改善對策** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **實習老師追蹤確認及改善對策** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **護生** | | **單位實習老師** | | | **實習課程負責老師** | | | **實習事務組** | | | **系主任簽核** |
| **班導師** | | |