**Stop the Line Quality Reporting Form**

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| Date: | Diagnostic Imaging Department: |
| Patient Name: | Who was Present: |
| Medical Record #: | Referring Physician: |
| **To be completed by Staff: Mark all that apply** |

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| --- | --- | --- | --- |
| [ ]  Dissatisfaction | [ ]  Incorrect Body Part | [ ]  Behavior, Patient | [ ]  CNA/MA |
| [ ]  Medication | [ ]  Incorrect Exam Ordered | [ ]  Documentation | [ ]  RN |
| [ ]  Security | [ ]  Incorrect Laterality | [ ]  IV Issues | [ ]  Tech |
| [ ]  Diagnosis Related | [ ]  Incorrect DOB | [ ]  Safety incl: Falls, Injury | [ ]  Clerical |
| [ ]  Equipment | [ ]  Incorrect Barcode sticker on Req. | [ ]  Comments filled out by  | [ ]  Scheduling |
| [ ]  Supplies | [ ]  Improper Pt Prep |  Referring Doctor | [ ]  Transport |
| [ ]   | [ ]  Communication/Conduct, Staff | [ ]  No ID armband on pt | [ ]  Other |

**Briefly describe the event that caused Stop the Line:**

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**Immediate Action Taken:**

(ie. if incorrect laterality ordered, ordering physician contacted and new order put in) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was the Line Stopped before reaching the patient? Yes or No** (please circle)

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| **Manager / UBT Reviewed: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** **Date Initials** |

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