



Nevada State Board of Medical Examiners

Main Office: 9600 Gateway Drive, Reno, NV 89521. Phone: 775-688-2559. Fax: 775-688-2553. medboard.nv.gov

14-DAY SENTINEL EVENT REPORT FORM
Required by Nevada Revised Statute (NRS) 630.30665(2)
(see page 2 for specific information)

This is a fillable form. Use the Tab key to advance and Space Bar to check boxes. Please complete, print, and sign prior to submission. A separate 14-Day Sentinel Event Report Form is required for each and every reportable sentinel event. A signature is required on each and every form.

LICENSEE INFORMATION:

Form fields for Licensee Information: Name, Telephone, Office Address, Email, License Number, Primary Specialty, Secondary Specialty.

PATIENT INFORMATION:

Form fields for Patient Information: Name, Date of Birth, County of Residence, Gender (Male/Female), State or Country of Residence.

SENTINEL EVENT INFORMATION:

Form fields for Sentinel Event Information: Date of sentinel event, Date of Report, Did the sentinel event occur in a practice office?, If NO, in what type of facility did the sentinel event occur?, Name of the surgery or procedure being performed.

DESCRIPTION OF SENTINEL EVENT:

Five horizontal lines for describing the sentinel event.

OUTCOME OF SENTINEL EVENT (If death, actual physical injury with permanent loss or actual psychological injury with permanent loss occurred, please indicate.)

Five horizontal lines for describing the outcome of the sentinel event.

**14-DAY SENTINEL EVENT REPORT FORM – Continued**

**CORRECTIVE ACTIONS** (If equipment repair or procedure, policy, or process modification or change took place, please indicate.)

Describe the corrective action taken:

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Pursuant to [NRS 630.30665\(2\)](#), a holder of a license to practice medicine is required to report to the Board the occurrence of any sentinel event arising from any surgery or procedure requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed at a medical facility as that term is defined in [NRS 449.0151](#) or outside of Nevada, within 14 days after the occurrence of the sentinel event. As used in that section, “sentinel event” has the meaning ascribed to it in [NRS 439.830](#).

I certify under penalty of perjury under the laws of the State of Nevada that to the best of my knowledge the information provided within this report and any attachments is true and correct.

\_\_\_\_\_  
Signature of Licensee (required)

\_\_\_\_\_  
Date

**PLEASE SUBMIT THIS FORM BY ONE OF THE FOLLOWING METHODS:**

**Email:** [medboardreporting@medboard.nv.gov](mailto:medboardreporting@medboard.nv.gov)

**Mail:** Nevada State Board of Medical Examiners  
Attn: Reporting  
9600 Gateway Drive  
Reno, NV 89521

**Fax:** 775-688-2553