



PATIENT INCIDENT REPORT

An incident is any happening that is not consistent with the routine operation of the facility or the routine care of a particular resident. It may be an accident or a situation that could result in an accident.

Person involved: _____ Date of incident: _____

Time: _____ Location: _____

Individuals condition before incident: _____

Describe exactly what happened; who was present; if injury, state part of the body injured:

Was physician notified? Yes No Name: _____ When: _____

Was family notified? Yes No Name: _____ When: _____

Was person seen by physician? Yes No Name: _____ When: _____

First aid administered? Yes No Where: _____

What: _____

By Whom: _____

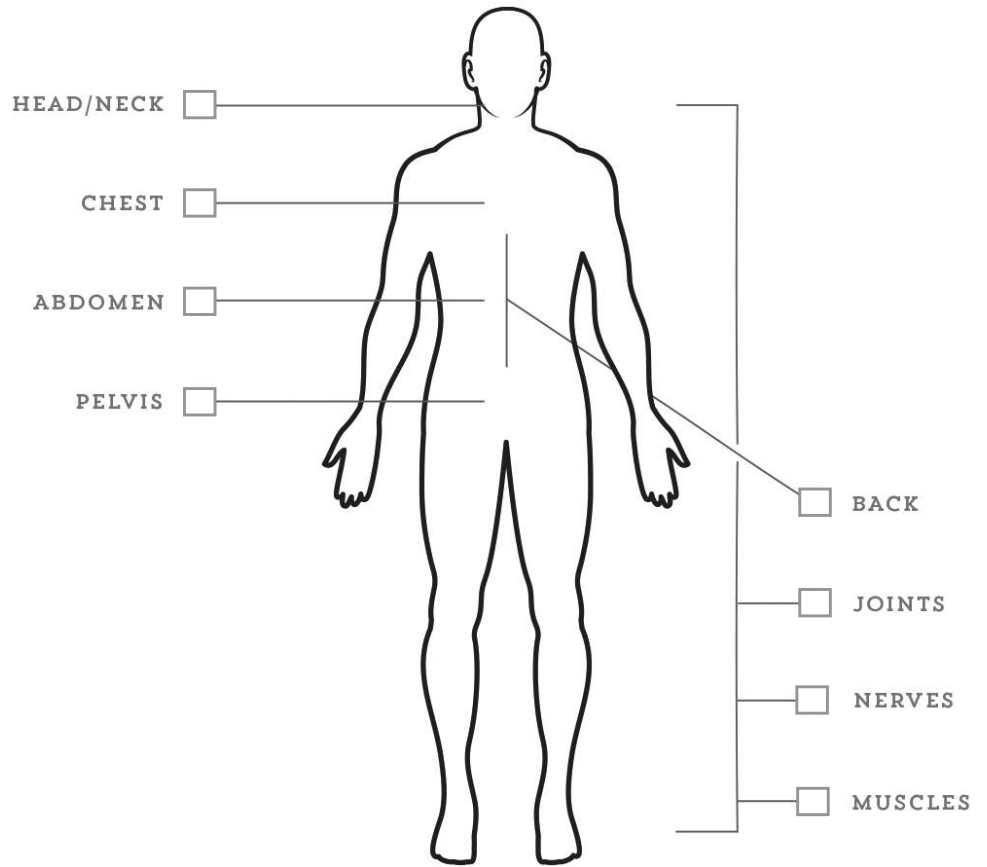
Person involved taken to hospital? Yes No Where: _____

Who witnessed the incident?

INDICATE ON DIAGRAM LOCATION OF INJURY

TYPE OF INJURY

- 1. Laceration (gash)
- 2. Cut
- 3. Hematoma (bruise)
- 4. Abrasion (scrape)
- 5. Burn
- 6. Swelling
- 7. None Apparent
- 8. Other, Specify: _____



Level of Consciousness: _____

Temp: _____ Pulse: _____ Respirations: _____ BP: _____

Date of report: _____

Signature of person preparing report: _____

Title of person preparing report: _____

Corrective action/follow-up:

Administrator Signature: _____ Date: _____