

EXAMPLE - RESIDENT INCIDENT FORM

Who was involved in the incident

Residence: Brilliant service Aged Care Service

Room: Enter Room Number.

Resident Name: Mr. O'Connell

DOB: 12/12/1930

Where and when the incident occurred

Location (Select from the options below)

<input type="checkbox"/> Bedroom	<input type="checkbox"/> Bathroom	<input checked="" type="checkbox"/> Hall	<input type="checkbox"/> External
<input type="checkbox"/> Lounge	<input type="checkbox"/> Dining room	<input type="checkbox"/> Foyer	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other <u>Please provide further details</u>			

Time of incident: 10:30 am

Date of incident: 15/10/2017

Describe the incident?

Mr O'Connell was walking in the hall way when I saw him lose his balance and fall to the ground

Type of incident that occurred

Type of incident (Select from the options below)

<input checked="" type="checkbox"/> Fall	<input type="checkbox"/> Chocking episode	<input type="checkbox"/> Assaulted by another
<input type="checkbox"/> Assaulted another	<input type="checkbox"/> Absconding	<input type="checkbox"/> Skin tear
<input type="checkbox"/> Threatening behavior		
<input type="checkbox"/> Other <u>Please provide further details</u>		

Was the incident a fall?

☒ Yes

☐ No

What was the resident doing before the fall?

Walking aided by a walking stick

Possible cause(s) of the incident? (Select from the options below)

<input type="checkbox"/> Poor vision	<input checked="" type="checkbox"/> Loss of balance	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Cognitive issue	<input type="checkbox"/> Slip or trip	<input type="checkbox"/> Environment
<input type="checkbox"/> ADLs	<input type="checkbox"/> Manual handling	<input type="checkbox"/> Continence
<input type="checkbox"/> Other <u>Please provide further details</u>		

Injuries Sustained by the Resident

Type of injuries sustained by the resident (Select from the options below)

<input checked="" type="checkbox"/> Contusion/Bruises	<input type="checkbox"/> Skin Tear	<input type="checkbox"/> Burn
<input type="checkbox"/> Fracture	<input type="checkbox"/> Head injury	<input type="checkbox"/> No injury
<input type="checkbox"/> Other		

Where were the injuries sustained?

On his hands and shoulders

Management of the Injury

How were the injuries managed?

The nurse assessed him on the floor for any injuries. Mr. O'Connell was conscious and responsive. No injuries were found and was instructed to use a lifting machine to lift Mr. O'Connell into a chair to rest.

A few minutes later we used the lifting machine to lift Mr. O'Connell back into his room and notified the doctor by phone to visit Mr. O'Connell and assess him medically

Observations:

Mr. O'Connell sustained no injuries, just bruises on hand and shoulders

Notification

Doctor

Was the doctor notified? ☒ Yes ☐ No

How was the doctor notified? (Select from the options below)

<input type="checkbox"/> In person	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone reception
<input type="checkbox"/> Phoned locum service	<input checked="" type="checkbox"/> Phoned doctor	<input type="checkbox"/> other method

Doctor's instructions regarding incident

Rest and take Panadol if in pain

Family

Was the family notified? ☒ Yes ☐ No

How was the family notified? (Select from the options below)

<input checked="" type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> In Person	<input type="checkbox"/> Voicemail	<input type="checkbox"/> SMS
<input type="checkbox"/> Other Please provide further details				

Management

Was Residential Manager notified? ☒ Yes ☐ No

Was Clinical Manager notified? ☒ Yes ☐ No

Message left on voice mail ☐ Yes ☐ No

☒ Other N/A

Ambulance

Was an ambulance called? ☐ Yes ☒ No

Details

Please provide further details

Hospital

Hospital admission? ☐ Yes ☒ No

Details

Please provide further details

Other Comments

Please provide further details

Completed by

Name: Pamela

Designation: PCA

Signature: Your signature

Date: Today's date