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| SCHEDA 5 | SEGNALAZIONE CADUTA | Cod. ROG26/3.5 - Rev.02 del 30.06.2025 |

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| UTENTE: |  |  | ANNO |  |  | N°prog. |  |

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| **DATA** |  | **ORA** |  |

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| **LUOGO** | | | | |  | | **TESTIMONI** | | | |  | **MODALITA' CADUTA** | | | |
|  |  | | |  | |  |  |  | |  |  |  |  | |  |
|  | camera | | | |  | |  | il paziente era solo | | |  |  | caduto da posizione eretta | | |
|  |  | | |  | |  |  |  | |  |  |  |  | |  |
|  | servizi igienici | | | |  | |  | altri pazienti: |  | |  |  | caduto da seduto | | |
|  |  | | |  | |  |  |  |  | |  |  |  | |  |
|  | corridoio |  | scale | |  | |  | operatore/i: |  | |  |  | caduto dal letto | | |
|  |  | | |  | |  |  |  | |  |  |  |  | |  |
|  | sale comuni | | | |  | |  | paziente in grado di fornire informazioni | | |  |  | caduto dalla barella | | |
|  |  | | |  | |  |  |  | |  |  |  |  | |  |
|  | spazi esterni | | | |  | |  | paziente non in grado di fornire informazioni | | |  |  | altro: |  | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MECCANISMO CADUTA** | |  | **DINAMICA EVENTO** | | |  |  |  |  |  | |  | inciampato |  |  | camminava | |  |  |  |  |  | |  | scivolato |  |  | scendeva/saliva sul letto, sedia | |  |  |  |  |  | |  | perdita di equilibrio |  |  | stava utilizzando la toilette | |  |  |  |  |  | |  | capogiro/svenimento |  |  | stava effettuando l’igiene personale/vestizione | |  |  |  |  |  | |  | pavimento bagnato |  |  | stava dormendo | |  |  |  |  |  | |  | scarsa illuminazione |  |  | stava cambiando posizione a letto | | |  |  | | --- | --- | | **CONSEGUENZE** | | |  |  | |  | senza danno | |  |  | |  | con danno | |  |  | |  | ricovero ospedale | |  |  | |  | intervento 118 | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SEDE DEL DANNO | PPT - LA PREVENZIONE DELLE CADUTE A DOMICILIO Stato di avanzamento ... | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **TIPO DI DANNO** | | | | | |  |  | | |  | | escoriazione | | | |  | |  | | | |  | | contusione | | | |  | |  | | | |  | | ematoma | | | |  | |  | | | |  | | ferita | | | |  | |  | | | |  | | distorsione | | | |  | |  | | | |  | | trauma cranico | | | |  | |  | | | |  | | frattura femore | | | |  | |  | | | |  | | altre fratture: | |  | |
| Segnare con una X sulle figure la sede del danno |

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| **TRATTAMENTI TERAPEUTICI** | | | | | | | |  | **PRECEDENTI CADUTE** | | |
|  | |  | | | | | |  |  |  | |
|  | | nessuno | | | | | |  |  | nessuna (1° caduta) | |
|  | |  | | | | | |  |  |  | |
|  | | medicazione | | | | | |  |  | 2° caduta | |
|  | |  | | | | | |  |  |  | |
|  | | sutura | | | | | |  |  | 3° caduta | |
|  | |  | | | | | |  |  |  | |
|  | | altro: | |  | | | |  |  | più di 3 cadute | |
|  |  | |  | |  |  |  | | | |

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| **TERAPIA ADOTTATA:** |  |

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| **INTERVENTI CORRETTIVI INTRAPRESI** | |
|  |  |
| **SPECIFICI:** |  |
|  |  |
| **GENERALI:** |  |
|  |  |
| **NOTE** |  |

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| **Firma Operatori in turno:** |  |  |  |  |  |

|  |  |
| --- | --- |
| **FIRMA compilatore:** |  |

**NOTA:** numerare progressivamente ogni scheda e archiviare le schede cronologicamente in un unico plico per ogni singolo anno.