## Fall Incident Report Form Incident Date & Time: Report Date: 06.07.2025, 16:51:53 06.07.2025 Business Name & Address: Staff Notified: Care Facility Name **Nursing Staff** Location of Fall: Resident Name/ID: Bathroom Sarah Müller Description of Incident: The patient was found talkative in the bathroom. A quick body check was administered, blood pressure was measured at 120/80 mmHg, blood sugar level at 100 mg/dL, temperature at 37.0 °C and oxygen saturation at 95 %. At the time of the incident, the resident was using Walker on the side. First aid measures were performed: Emergency Services, Medication Given, Stable Position, Fluids Offered, Wound Dressing. Injuries noted: Hip Dislocation, Neck Pain, Knee Injury, Fracture. Emergency responders were informed by telephone. 2 Description of Injuries: Injuries: Hip Dislocation, Neck Pain, Knee Injury, Fracture 3 Treatment Given: Treatment: Emergency Services, Medication Given, Stable Position, Fluids Offered, Wound Dressing Vital Signs: BP: 120/80 mmHg, BS: 100 mg/dL, Temp: 37.0 °C, O2: 95% Mobility Aids Present: Witnesses: Walker Nursing staff on duty

Date:

06.07.2025

Staff Signature: