

# Fall Incident Report Form

Incident Date & Time:

09.07.2025, 11:08:59

Report Date:

09.07.2025

Business Name & Address:

Care Facility Name

Staff Notified:

Nursing Staff

Location of Fall:

Sofa

Resident Name/ID:

Sarah Müller (ID: 1)

## 1 Description of Incident:

The patient was found oriented in the sofa. 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 Spectacles, Walking Stick, Hearing Aid on the side. First aid measures were performed: Doctor Informed, Medication Given, Emergency Services, Stable Position, Wound Dressing. Injuries noted: Fracture, Hip Dislocation, Knee Injury, Neck Pain. Emergency responders were informed by telephone.

## 2 Description of Injuries:

Injuries: Fracture, Hip Dislocation, Knee Injury, Neck Pain

## 3 Treatment Given:

Treatment: Doctor Informed, Medication Given, Emergency Services, Stable Position, Wound Dressing

## 4 Vital Signs:

BP: 120/80 mmHg, BS: 100 mg/dL, Temp: 37.0 °C, O2: 95%

Mobility Aids Present:

Spectacles, Walking Stick, Hearing Aid

Witnesses:

Nursing staff on duty

Staff Signature:

Date:

09.07.2025