I. OCCURRENCE:				STATUS
DATE	TIME	LOCATION	NAME	❑ INPT ❑ VISITOR ❑ OUTPT ❑ OTHER

AGE	SEX ❑ M ❑ F	Diagnosis or Procedure	Witness Yes ❑ No ❑ Name ____ Dept.____

Condition Prior to Occurrence	Meds in last 12 hrs (falls only)
❑ Alert ❑ Disoriented ❑ Asleep ❑ Anesthetized	

II.

MEDICATION (All that apply)	INTRAVENOUS (Note all that apply)	FALL (Complete both sides)	
❑ Wrong medication ❑ Wrong amount ❑ Wrong date/time ❑ Wrong pt ❑ Wrong route ❑ Transcription error ❑ Allergic reaction ❑ Omission ❑ Incorrect narcotic count ❑ Other ____ ❑ Name of Med	❑ Wrong solution ❑ Wrong medication ❑ Wrong rate ❑ Wrong time ❑ Infiltration ❑ Transcription error ❑ PCA error ❑ Blood transfusion ❑ Hyperalimentation ❑ Other ____	❑ Ambulating ❑ In BR ❑ Out of bed ❑ To FRM B/R ❑ Other	❑ PT has fallen prev ❑ Restrained ❑ Side rails up ❑ Side rails down

Consent	Equipment	Surgical — Please Comment
❑ Name written ❑ Mismatch ❑ Refused to sign ❑ Incomplete ❑ Other ____	❑ Not available ❑ Disconnected ❑ Procedure not followed ❑ Nonsterile ❑ Malfunction ❑ Other ____ ❑ Descript. of item ____	❑ Delay ❑ Consent mismatch ❑ Unplanned return ❑ Incorrect count ❑ Unplanned repair/removal ❑ Arrest ❑ Death ❑ Anestheia related ❑ Other ____

AMA	Pressure Sore (Complete both sides)		Other	
❑ AMA signed ❑ Not signed ❑ AWOL ❑ Other ____	❑ On admission ❑ Hospital acquired ❑ Picture taken	❑ Stage I ❑ Stage II ❑ Stage III ❑ Stage IV	❑ Security ❑ Engineering ❑ Combative pt ❑ Suicide attempt ❑ Fire ❑ Respiratory ❑ Pharmacy ❑ Code blue expired ❑ Code blue survived ❑ Complaint	❑ Self abuse ❑ Lost/damaged article ❑ Hazardous exposure ❑ Burn ❑ Lab ❑ X-ray ❑ Food services ❑ Housekeeping ❑ Other (comment) ____

III. Severity of Outcome

❑ No Injury ❑ Inconsequential ❑ Consequential

IV. Comments & Action

Name of MD notified	Date	Time	Seen by MD?
			Yes ❑ No ❑

X-ray / Lab / Tests ordered	Equipment
Yes ❑ No ❑ State ____	❑ Sent for repair ❑ Removed from service

V. Follow-up (Director to complete)

❑ Communicated with ____
❑ Employee counseled
❑ In-service
❑ Policy change/new
❑ Trend
❑ Other ____

Reported by — Date — Dept.	Persons Involved Dept.	Department Director Sign — Date

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