Nursing Home Resident Fall Incident Report

Instructions: Complete this report immediately following a resident fall incident. This form is designed for physical printing and manual or digital record-keeping.

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1. Resident Information

Full Name of Resident:		**Room/Bed Number:**	
Date of Birth (MM/DD/YYYY):		**Admission Date:**	
Cognitive Status (e.g., Alert, Confused):			

2. Incident Details

Date of Fall:		**Time of Fall:**	
Exact Location of Fall (e.g., Bedroom, Bathroom, Corridor, Dining Room):			
Name of Staff Member Who Discovered/Witnessed the Fall:			

3. Description of Incident

Describe what the resident was doing immediately before the fall (e.g., transferring, walking, reaching):
Describe the environment at the time of the fall (e.g., wet floor, poor lighting, footwear, assistive devices in use):
Identify any witnesses (Staff, Visitors, Residents - include names and contact info):

4. Clinical Assessment & Injuries

Apparent Injuries (e.g., none, abrasion, laceration, swelling, deformity):			
Location of Injury on Body (specify):			
Blood Pressure:		**Pulse Rate:**	
Respiration Rate:		**Temperature:**	
Neurological Checks Performed? (Yes/No/NA):		**Results of Neuro Checks:**	

5. Immediate Actions & Notifications

First Aid/Treatment Administered (Describe):	

Was Resident Transferred to ER? (Yes/No):		**Transport Mode (e.g., Ambulance, Facility Van):**	
Physician Notified (Name):		**Date/Time Notified:**	
Family/Guardian Notified (Name):		**Date/Time Notified:**	

6. Report Verification

Reporting Staff Name & Title:		**Date of Report:**	
Staff Signature (Physical Written Signature):	_____	**Time of Report:**	
Supervising Nurse/Manager Name & Title:		**Review Date:**	
Supervisor Signature (Physical Written Signature):	_____		