### PATIENT FALL INCIDENT REPORT

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Sex / Age</th>
<th>Hospital No.</th>
<th>Dept / Ward / Bed</th>
<th>Date of Admission</th>
</tr>
</thead>
</table>

**Incident Reported to**
- [ ] HCE
- [ ] COS
- [ ] GM(N)
- [ ] DOM
- [ ] WM
- [ ] Others

**Time and date of incident:** at [ ] hrs on [ ] / [ ] / [ ]

**Diagnosis before incident:**

<table>
<thead>
<tr>
<th>A. Patient Assessment</th>
<th>Before Incident</th>
<th>After Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conscious Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Conscious</td>
<td></td>
<td>Conscious</td>
</tr>
<tr>
<td>- Semiconscious</td>
<td></td>
<td>Semiconscious</td>
</tr>
<tr>
<td>- Unconscious</td>
<td></td>
<td>Unconscious</td>
</tr>
<tr>
<td>2. GCS (If applicable)</td>
<td>[ ] / 15</td>
<td>[ ] / 15</td>
</tr>
<tr>
<td>3. Mental State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Orientated</td>
<td></td>
<td>Orientated</td>
</tr>
<tr>
<td>- Disorientated</td>
<td></td>
<td>Disorientated</td>
</tr>
<tr>
<td>- Restless</td>
<td></td>
<td>Restless</td>
</tr>
<tr>
<td>- Confused</td>
<td></td>
<td>Confused</td>
</tr>
<tr>
<td>- Others (Specify)</td>
<td></td>
<td>Others (Specify)</td>
</tr>
<tr>
<td>4. Ambulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Independent Ambulatory</td>
<td></td>
<td>Independent Ambulatory</td>
</tr>
<tr>
<td>- Ambulatory with assistance</td>
<td></td>
<td>Ambulatory with assistance</td>
</tr>
<tr>
<td>- Ambulatory with walking aid</td>
<td></td>
<td>Ambulatory with walking aid</td>
</tr>
<tr>
<td>- Confined to bed / chair</td>
<td></td>
<td>Confined to bed / chair</td>
</tr>
<tr>
<td>- Others (Specify)</td>
<td></td>
<td>Others (Specify)</td>
</tr>
<tr>
<td>5. Disability</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>- Hearing</td>
<td></td>
<td>Hearing</td>
</tr>
<tr>
<td>- Visual</td>
<td></td>
<td>Visual</td>
</tr>
<tr>
<td>- Elimination</td>
<td></td>
<td>Elimination</td>
</tr>
<tr>
<td>6. Fall Risk</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>7. History of fall</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>8. Others Remarks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Medication before incident within 24 hrs**

- [ ] Analgesics
- [ ] Anti-convulsants
- [ ] Anti-depressant
- [ ] Anti-hypertensives
- [ ] Anti-psychotics
- [ ] Cardiac drugs
- [ ] Diuretics
- [ ] Hypoglycaemics
- [ ] Laxatives
- [ ] Narcotics / Sedatives
- [ ] Others (Specify)

**C. Specific preventive measures taken before incident**

- [ ] Accompanied care
- [ ] Bedside rail
- [ ] Call bell
- [ ] Regular toileting
- [ ] Verbal advice
- [ ] Physical restraint device
- [ ] Not indicated
- [ ] Others (Specify)

**D. Location of incident occurred**

- [ ] Bathroom
- [ ] Bedside
- [ ] Chair - side
- [ ] Toilet
- [ ] Corridor
- [ ] Staircase
- [ ] Others (Specify)
E. Factors attributing to incident

☐ Physiological
   ( ) Unsteady gait
   ( ) Visual impairment
   ( ) Bowel & bladder need
   ( ) Others (specify)

☐ Environment
   ( ) Lighting
   ( ) Floor
   ( ) Cluttered area
   ( ) Needed item out of reach
   ( ) Others (specify)

☐ Equipment & furniture
   ( ) Bed
   ( ) Wheelchair
   ( ) Others (specify)

☐ Others (specify)

F. Description of incident & event (add sheets if required)

G. Physical injury sustained

☐ No apparent physical injury
☐ Pain
☐ Bruising
☐ Haematoma
☐ Abrasion
☐ Laceration
☐ Sprain / Strain
☐ Dislocation
☐ Fracture
☐ Others (Specify)

Description of injury (size and site)

H. Dr. ___________________________ was informed of incident at _________ hrs on _________

Dr. ___________________________ attended patient at _________ hrs on _________

I. Action taken / Treatment given

☐ Monitoring increased
☐ Care plan revised & implemented
☐ X-ray taken
   ( ) No new finding
   ( ) New finding (specify)
☐ Others (Specify)

J. Injury Index of the Fall incident

☐ 1 – patient did not sustain injury
☐ 2 – patient sustained minor injury (eg. bruise / abrasion that will heal within several days)
☐ 3 – patient sustained moderate injury (eg. Haematoma / laceration requiring suture / suspected fracture )
☐ 4 – patient sustained major injury (eg. fracture / head injury with change in vital signs )
☐ 5 – patient sustained permanent disability
☐ 6 – patient death

K. Relative was informed
   ☐ Yes, Relationship: ___________________________ at _________ hrs on _________
   ☐ No, reason: ___________________________

Reported by: ___________________________ at _________ hrs on _________

(Block Letter) Signatures: ___________________________

Please complete as appropriate:

Follow-up action taken:

By: ___________________________ Name: ___________________________

Rank: ___________________________ Date: ___________________________

Endorsed by Department I/C: Name: ___________________________

Rank: ___________________________ Date: ___________________________

QEH/FallJune/2004