#42 – BREAKING A FALL/INCIDENT REPORT In class Demo (Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____Date: _____

	P1	P2	P3	Comments
1. When a patient began to fell, assumed a broad stance and grasped patient's body by gait belt.				
2. Extended near leg against the patient, bracing the patients body, and slid the patient down the leg to the floor while bending own knees.				
3. Examined patient for any signs of injury after the fall.				
4. Called for additional help to assist the patient back to bed. Used lift if necessary.				
5. Determined number of staff required to safely transfer patient.				
6. Safely transferred patient back to bed.				
7. Raised side rails and lowered bed as necessary for patient safety. Made sure bed brakes were locked.				
8. Helped patient into comfortable position, placed toiletries and personal items within reach.				
9. Assessed pain level.				
10. Placed call light within reach, ensured patient knew how to use it.				
11. Made sure bed brakes were locked, and lowered head of bed appropriately.				
12. Removed and disposed of gloves if used, performed hand hygiene.				
13. Filled out Incident Report, documentation, and made appropriate phone calls				

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed *=Must Perform to Pass

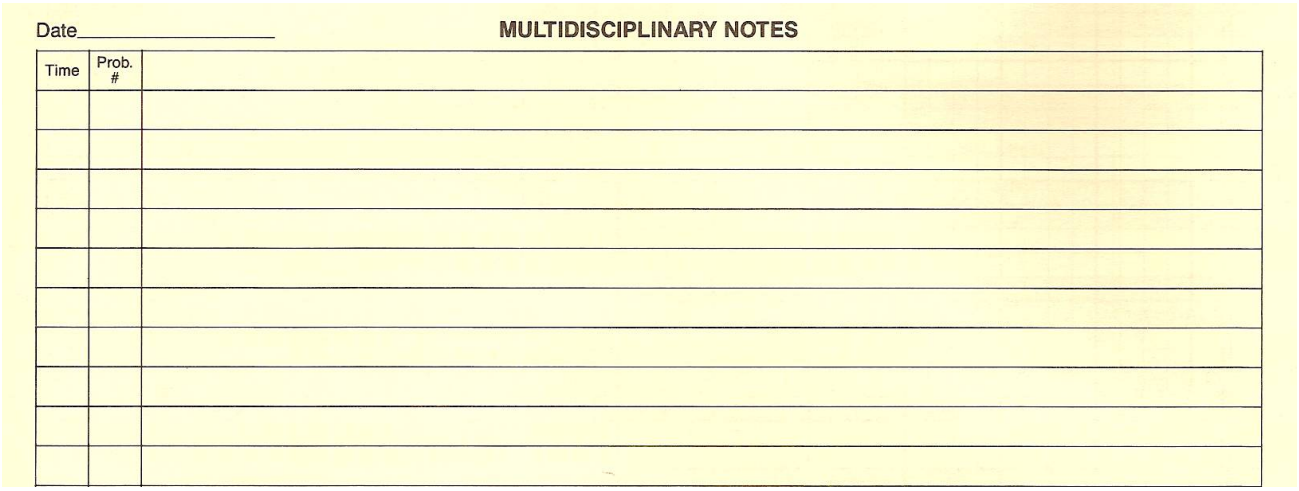
By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.
Practice 1: Evaluator:_____ Signature:_____
Practice 2: Evaluator:_____ Signature:_____

FINAL Student Evaluator:_____ Signature:_____

Chart the following scenario on the nurse's notes and fill out occurrence report

Do not state in nurse's notes that an incident report has been filled out.

This is Mr. Holden's first post-op day and his doctor has written orders for him to get up for all meals. He is able to assist in getting himself to the side of the bed but he feels a little dizzy when he sits up. After waiting for 5 minutes he states he is feeling better and using a gait belt you assist him to the chair. During the procedure he becomes slightly diaphoretic and pale, his blood pressure is 180/95 and his pulse is 90. He complains of pain at his abdominal incision site but the dressing remains dry and intact. His pedal pulses are good and skin is pink. After being up for an hour he is ready to return to bed but needs to use the bathroom first. While assisting him back to bed after voiding he begins to complain of weakness, stumbles and starts to fall. You assist him to the floor, check for injuries and call for assistance getting him back into bed. You place the call bell within reach and instruct him to call for assistance when he needs to get up the next time. You report this to your charge nurse who notifies the physician.



Date_____ MULTIDISCIPLINARY NOTES

Time	Prob. #	

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EVENT REPORT – NOT MEDICATION

Instructions: The information contained in this form is confidential and protected from discovery in California (CA Evidence Code 1157) **This is a Risk Management communication - Do Not Photocopy. This is NOT part of the Medical Record. Select only one option under each category. Fields that are underlined and marked with an asterisk* are mandatory fields.**

General Information

Medical Record #: ***Was Harm Sustained?**** Yes / No

Description of Event:* _____

Patient First Name: Patient Last Name: Age:

Type of Patient: o Inpatient o Outpatient o Nonpatient

Event Time:* _____ ***Event Department:**** _____

Event Date:* _____ Event Location: _____

Patient's home department if different from event department: _____

Attending MD: Involved MD:

Witnesses / others involved:

Reporter First Name: _____ Reporter Last Name: _____

Report Date / Time:* _____ Reporting Department: _____

Family notified? Yes / No MD Notified? Yes / No

Outcome of Event:* _____

Possible Results of Event

- o Minor / temporary injury
- o Cardiac / respiratory arrest
- o Fracture / dislocation
- o Increased LOS
- o Infection
- o No apparent effect
- o Re-intubation, Respiratory Distress
- o Retained Foreign Body
- o Pain
- o Seizure / Syncopal episode
- o Transfer to higher level of care
- o Unplanned invasive procedure or return to OR
- o Upset Patient / Family
- o Other _____

Falls

Fall Type
- o Accidental
- o Anticipated physiological
- o Unanticipated physiological

Witnessed
- o Yes
- o No

Assisted
- o Yes
- o No

Pt Activity During Fall:
- o Ambulating during treatment/exam
- o In/out of bed
- o In/out of chair
- o Toileting / hygiene
- o Other

Pt Physical Status:
- o Assisted
- o Bathroom privileges
- o Bed rest
- o Independent
- o Wheelchair bound

Pt Mental Status
- o Alert / oriented
- o Disoriented / confused
- o Medicated / sedated
- o Visual / auditory impairment

Pt a fall risk?
- o Yes
- o No

Assisted by staff?
- o Yes
- o No

Fall Assessment:
- o Morse
- o Hospital Own
- o Other

Fall Score _____

Side Rails:
- o Yes
- o No

Bed Position:
- o Raised
- o Lowered

Restraints:
- o Yes
- o No

Type: _____

Bed Alarm:
- o Yes
- o No

Sitter:
- o Yes
- o No

Reason for stay:
- o Medical
- o Surgical

Fall Severity:
- o None
- o Mild
- o Moderate
- o Major
- o Death

Anesthesia/Sedation

Event Type:
- o Adverse Anesthesia/Sedation Event
- o Consent Issue
- o Use of Rescue Medication
- o Intubation complication/injury
- o Sedation Progression

Anesthesia Method:
- o General
- o Local
- o Regional
- o Spinal
- o Epidural

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EVENT REPORT – NOT MEDICATION

Blood

- o Transfusion reaction
- o Type/cross event
- o Wrong blood component
- o Wrong Patient
- o Wrong Time
- o Wrong Unit (Blood ID)
- o Omission

Complaints

Category
- o Abuse
- o Neglect
- o Billing

- o Compliment
- o Service
- o Responsiveness

- o Access to (i.e. can't get in to MD/Dept)
- o Behavior unprofessional

Complaint About
- o Physician
- o Nursing Staff
- o Other Clinical Staff
- o Other Non-clinical Staff
- o Unit/Dept.
- o Service

Equipment / Device

Event Type
- o Disconnection/ dislodged
- o Improper Use
- o Malfunction

- o Missing
- o Defective
- o Not Available
- o Tampered with

- o Clinical Alarm failure
- o Clinical Alarm parameters
- o Clinical Alarm not activated

Equipment Status
- o Sequestered
- o Taken out of use
- o Remains in use

Type of Equipment/Device: _____

Manufacturer Notified? ☐
Date notified: _____

Perinatal

Delivery Type
- o C Section
- o Vaginal
- o VBAC

Maternal Complications
- o Uterine rupture
- o Unattended delivery by physician/midwife
- o Hemorrhage with transfusion
- o Hemorrhage without transfusion
- o PROM (Premature rupture of the membranes)
- o Oxytocin use

Neonatal Complications
- o Shoulder dystocia
- o Vacuum extraction
- o Forceps
- o Meconium aspiration
- o Neonatal asphyxia
- o Cephalohematoma
- o Prolapsed cord
- o Oxytocin use

Gestational Age: _____

- ☐ Oxytocin Used
- ☐ Vacuum extraction
- ☐ Forceps
- ☐ Transfer to NICU

Regulatory

- o HIPPA/Confidentiality/Privacy
- o Compliance (Fraud & Abuse)
- o EMTALA/Transfer I/O /MSE
- o Reportable to DHS
- o Reportable to CPS/APS
- o Reportable to Licensing Board
- o Reportable to Law Enforcement

Security

- o Abduction
- o Assault
- o Behavior destructive
- o Burglary/robbery
- o Damaged personal property
- o Fire
- o Lost/misplaced belongings
- o Missing person
- o Sexual Assault
- o Suspicious person
- o Vandalism

Skin

- o Pressure Ulcer/Skin Breakdown
- o Rash/Hives
- o Necrosis
- o Skin laceration/tear
- o Burn
- o Bruise/Contusion

Pressure ulcer location: _____

Stage: ☐ I ☐ II ☐ III ☐ IV

Acquired:
- o Acquired in this department
- o Arrived with breakdown

Risk For Skin Breakdown
- o Previously identified as risk for skin breakdown, protocol not in place prior to event
- o Skin breakdown protocol in place prior to event
- o Not previously identified as risk for skin breakdown

Risk for pressure ulcers according to the Braden-Scale
- o Low (23-20 points)
- o Medium (19-16 points)
- o High (15-11 points)
- o Very High (10-6 points)

Surgical

- o Return to OR/Procedure
- o Consent Issue
- o Complication/injury
- o Lost specimen
- o Retained foreign body
- o Delay in procedure
- o Wrong count
- o Wrong procedure
- o Wrong patient
- o Wrong site
- o Cancelled case
- o Fire/smoke/arching in the OR

Tests/Treatments (PT/OT/ST/Dietary/RT/Lab/Radiology)

- o Wrong test/treatment
- o Mislabeled specimen
- o Lost specimen
- o Missed test/treatment/assessment
- o Wrong patient
- o Delays
- o Results Discrepancies
- o Equipment/Service unavailable
- o Critical value not communicated
- o Injury during test/treatment/assessment
- o Consent issue

Other

- o Unexpected clinical event
- o AMA/Elopement / LWBS
- o Suicide / Suicide Attempt
- o Cardiac / Respiratory Arrest

Completed by: _____ Date: _____

Note: Submit completed form to Risk Manager. The Department Manager will be notified electronically.

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