NON-EMPLOYEE OCCURRENCE REPORT

GENERAL INFORMATION

DATE OF OCCURRENCE: [Date]
TIME OF OCCURRENCE: [AM/PM]
DATE OF ADMISSION: [Date]
SEX: [M/F]
AGE: [Age]

IN-PATIENT [ ] OUTPATIENT [ ] VISITOR [ ] OTHER (SPECIFY) [ ]

UNIT: [Unit]
LOCATION (BLDG., FLOOR, RM.): [Location]
DEPARTMENT/SERVICE: [Department/Service]
DIAGNOSIS: [Diagnosis]
SURGERY (DATE): [Date]

OCCURRENCE TYPE (CHECK ONE)

FOR FALL* or MEDICATION** complete related section below.

- FALL* [ ]
- BLOOD PRODUCTS [ ]
- TREATMENT [ ]
- BURN [ ]
- COUNT DISCREPANCY (O.R. ONLY) [ ]
- EQUIPMENT - SERIAL NO. [ ]
- MEDICATION** [ ]
- INFILTRATION [ ]
- DIETARY [ ]
- ELOPEMENT [ ]
- OTHER (SPECIFY) [ ]

DESCRIPTION OF OCCURRENCE

WITNESSES (NAME, TITLE, DEPT., ADDRESS) [ ]
PHYSICIAN NOTIFIED (NAME) [ ]
TIME: [AM/PM]

PHYSICIAN'S ASSESSMENT AND TREATMENT

SIGNATURE [ ]
PRINT NAME [ ]
LD CODE [ ]
INVAS TREATMENT REQUIRED: [YES/NO]
WERE DIAGNOSTIC TESTS REQUIRED: [YES/NO]

*FALLS - RELATED FACTORS (CHECK ALL THAT APPLY)

- GOT OOB UNASSISTED [ ]
- TRANSFER BED/CHAIR [ ]
- UNASSISTED AMBUL. [ ]
- RELATED TO TOILETING [ ]
- PATIENT ON STRETCHER [ ]
- CLIMBED OVER SIDE RAIL [ ]
- OOB IN CHAIR [ ]
- ASSISTED AMBUL. [ ]
- RELATED TO COMMODE [ ]
- PATIENT DID NOT FOLLOW INSTRUCTIONS [ ]
- WET FLOOR [ ]
- OTHER (SPECIFY) [ ]

MEDICAL ADMIN. WITHIN 24 HRS.: [ ]
- SEDATIVE/HYPNOTIC [ ]
- ANTIHYPERTENSIVE [ ]
- ANESTHESIA/ANALGESIC [ ]
- VASODILATOR [ ]
- PSYCHOACTIVE AGENT [ ]
- NONE OF THE ABOVE [ ]

GENERAL ASSESSMENT: (PRIOR TO FALL)
- CALL BELL IN REACH [ ]
- VISUAL DEFICIT [ ]
- ALL SIDE RAILS UP [ ]
- MOTOR DEFICIT [ ]
- ALTERED MENTAL STATUS [ ]
- RESTRAINTS IN USE [ ]
- HEARING DEFICIT [ ]
- AT RISK TO FALL [ ]

ACTIVITY ORDER: (PRIOR TO FALL)
- OOB AD LIB [ ]
- OOB/BRP [ ]
- OOB W/ ASST. [ ]
- BEDREST [ ]
- OOB TO CHAIR [ ]

**MEDICATION – (CHECK ALL THAT APPLY)

TOTAL NUMBER OF OCCURRENCES [ ]

OCCURRENCE TYPE:
- OMISSION [ ]
- WRONG DOSE [ ]
- EXTRA DOSE [ ]
- WRONG TIME [ ]
- WRONG MEDICATION [ ]
- WRONG ROUTE [ ]
- WRONG PATIENT [ ]
- OTHER (SPECIFY) [ ]

ROUTE:
- P.O. [ ]
- I.V. [ ]
- I.M. [ ]
- S.Q. [ ]
- TOPICAL [ ]
- P.R. [ ]
- S.L. [ ]
- OTHER (SPECIFY) [ ]

CLASSIFICATION:
- ANALGESIC [ ]
- ANTICONVULSANT [ ]
- CARDIAC [ ]
- HYPOGLYCEMIC [ ]
- NARCOTIC/SEDATIVE [ ]
- STEROID [ ]
- ANTIBIOTIC [ ]
- ANTIHYPERTENSIVE [ ]
- DIURETIC/CATHARTIC [ ]
- I.V. FLUID [ ]
- PSYCHOACTIVE AGENT [ ]
- PARENTERAL NUTRITION [ ]
- ANTICOAGULANT [ ]
- BRONCHODILATOR [ ]
- OTHER (SPECIFY) [ ]

COMPLETED BY (SIGNATURE) [ ]
PRINT NAME [ ]
TITLE [ ]
DATE [ ]

REVIEWED BY (SIGNATURE) [ ]
PRINT NAME [ ]
TITLE [ ]
DATE [ ]

DEPT. HEAD (SIGNATURE) [ ]
PRINT NAME [ ]
TITLE [ ]
DATE [ ]