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|  | **(Name of RCHE)** |
| **Accident Report** |

Please put a “🗸” in the appropriate box

1. **Basic Information**

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| **Name of resident** | **Sex/age** | **HKIC no.** | **Room and/or bed no.** |
| **Date of accident** | **Time of accident** | **Location of accident** |
| ☐Corridor | ☐Bathroom | ☐Toilet |
| ☐Sitting/Dining room | ☐Bedside |
| ☐Others: |  |  |

1. **Occurrence of the Accident**

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| **Reasons** | **Details** | **Remarks** |
| ☐Activity of the resident | ☐Lying down | ☐Standing | ☐Walking |  |
| ☐Getting out of/into the bed | ☐Eating |  |
| ☐Grooming | ☐Toileting | ☐Dressing |  |
| ☐Bathing | ☐Transfer, e.g. to bed/chair/commode chair, etc. |  |
| ☐Others (please specify: ) |  |
| ☐Illness of the resident | ☐Weakness in lower limb | ☐Dizziness | ☐Collapse |  |
| ☐Joint pain | ☐Palpitation | ☐Severe chest pain |  |
| ☐Others (please specify: ) |  |
| ☐Unsafe behaviour of the resident | ☐Did not seek help | ☐Without using proper aids |  |
| ☐Unsafe movement (please specify ) |  |
| ☐Others (please specify: ) |  |
| ☐Environmental or other factors | ☐Insufficient lighting | ☐Uneven floor |  |
| ☐Obstruction of sundries/obstacle |  |  |
| ☐Slippery floor | ☐Collided by others |  |
| ☐Length of trousers being too long | ☐Unsuitability of shoes |  |
| ☐Movement of furniture, e.g. unlocked wheelchair |  |
| ☐Others (please specify: ) |  |
| **Details of the accident** |
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1. **Handling of the Accident**

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| **Date of handling** | **Time of handling** | **Name and post of staff who immediately handling the accident** |
| Vital signs |
| **Blood pressure**mmHg | **Pulse**/min | **Breaths**/min | **Body temperature**oC |
| **Level of consciousness**☐Alert　☐Confused☐Unconscious | **Limb movement**☐Normal　☐Abnormal (please specify the location of abnormality)☐Left hand ☐Left leg ☐Right hand ☐Right leg |
| **Injury** | ☐No skin damage　☐Skin damage　☐Bruises　☐Fracture　☐Others ( )(Location of injury: ) |
| **Assessment of overall condition** |
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| **Immediate treatment** | ☐Wound dressing　☐Others ( ) |
| **Treatment arrangement** | ☐Not applicable　☐Visit of medical practitioner　☐Outpatient clinic |
| ☐Accident & emergency department |
| ☐Did not call an ambulance　☐An ambulance is called (please provide the below information) |
| Time of calling an Ambulance |  |
| Arrival time |  | Departure time |  |
| Name of hospital admitted |  |
| ☐Hospitalisation is not required☐Hospitalisation is required (name of hospital: ) |
| **Condition of the resident after treatment** |
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| **Date and time of informing the family member** | **Name and relationship of the family member** |
| **Name and post of staff who contacts the family member** |
| **Signature of informant** | **Name and post of informant** | **Date** |

1. **Follow-ups of the RCHE**

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| **Follow-up action(s) and suggestion(s)/measure(s) for preventing reoccurrence of the similar accident** |
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| **Signature of informant** | **Name and post of informant** | **Date** |