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

Please put a “🗸” in the appropriate box

1. **Basic Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

1. **Handling of the Accident**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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**

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

|  |  |  |
| --- | --- | --- |
| **Signature of informant** | **Name and post of informant** | **Date** |