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SIGNIFICANT INCIDENT AND ILLNESS REPORT

WHEN IN DOUBT, CALL 9-1-1

Resident: _____ Date/Time of Event: _____

Employee: _____

Administrator Notified Date/Time: _____

Date/Time/Names of People Notified (Family must be contacted immediately if medical care is necessary):

Detailed Description of Incident or Illness (i.e., witnessed or not, location, events leading to, etc.)

What actions were taken (i.e., check B/P, blood sugar if diabetic, range of motion, check for cuts/bleeding):

IF RESIDENT FALLS, EVALUATE EVERY TWO HOURS FOR EIGHT HOUR PERIOD.

IF STAFF HAS ANY RESERVATIONS REGARDING RESIDENT'S HEALTH, CALL 9-1-1.

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Detailed outcome of Incident/Illness: _____

Report filed with State? Y N

Date filed: _____