



INCIDENT REPORT

An incident is anything that has happened that is not consistent with Warm Hands Kind Hearts Home Health Care / Parkinson's Specialty Care's normal operation. This Incident Report is to be completed for ALL INCIDENTS.

The first person to discover the incident:

1. Calls the Home Health Care Office to report it as soon as possible (763) 550-1774
2. Starts the Incident Report, completing as much of it as possible
3. Returns the Incident Report to the office within 48 hours

Date/Time of Incident: ___/___/_____ Time: ___:___ AM/PM

Client Name : _____

Location of Incident: _____

Describe what happened; including precipitating factors and the physical and mental condition of the client before and after the incident occurred (use back of sheet if more space is needed)

Medications Received in the last 4 hours: _____

Physician notified? Yes / No If Yes, MD name, Date/Time: _____

Family Notified? Yes / No If Yes, Name, Date/Time: _____

Witnesses: _____

Action Taken _____

Signature/Title of Person Completing Form _____ Date _____

Signature of RN Supervisor _____ Date _____

Signature of RN Supervisor _____ Date _____