

# Chart a Fall or Incident Note

1. From the **Nurse Access** screen, click onto the **Nurse Note** button underneath the Charting column.
2. Select the name and click **OK**.
3. Select the **Fall Note** (or **Incident Note**) topic underneath the Shared Category. Click **OK**.
4. Work from left to right within the charting screen selecting all appropriate options. Add additional free text where necessary.
  - a. **Be sure to select an item from each of the columns.** If something is not selected from each column, the user will receive an error message when attempting to save the entry. This means that a required element is missing. If this occurs, click onto the word that is highlighted in red. The error message will display detailing the word or word(s) that are missing from the note.
5. If you need to backspace anything that was entered into the note, place your cursor in the middle portion of the documenting screen behind the information to be removed. Utilize the backspace key on your keyboard (do not re-click onto the word in the top portion of the screen to "de-select" it as this will just chart the word again).
6. At the end of the note, click **Chart Fall Investigation (QA)** to chart information not needed in the initial fall report. Or click **Preview Fall Report** to view the full report. Clicking either of these options will save the fall note and bring you to the selected option. If not needing to complete either of these options at this time, click **Sign** which will save the entry and return you back to the Nurse Access screen.

\*Charting a fall/incident note will automatically add Incident Follow Up onto the Nursing To Do List for all shifts for the next three days.

\*Charting that the resident hit their head or marking that question as unknown will automatically add Neuro Checks onto the Nursing To Do List.

Fall Note					
TYPE OF FALL:	LOCATION:	INJURY:	DID RESIDENT HIT HEAD?	STAFF INVOLVED:	
observed fall	resident's room	no apparent injury	If hit head, Neurological	nurse,	
fall not observed	hallway	moves all extremities	Assessment to be initiated.	CNA / RA,	
<b>WHO OBSERVED THE FALL:</b>	bathroom	skin tear, avulsion, hematoma	yes,	housekeeper,	
N/A	dining room	laceration	no	social worker,	
staff member	activity room	edema	unwitnessed,	laundry worker,	
family member	outside	bruising	initiate neuro assessment	maintenance worker,	
visitor	therapy	scrape		activity aide,	
other:	beauty/barber	no c/o:		other:	
name:	shower/tub	c/o:		none	
	nursing station	c/o pain			
	out of facility	no c/o pain			
	other:				

Excerpt of Fall Note topic



Name(s) Adams, Suzanne C Tasks Nursing To Do 1/AM Dates Notify Script Save Exit

Room: 118-2 Doctor: Dr. James Black Code Status: DNR Pharmacy: Home Town Pharmacy

Allergies: Contrast Media Ready-Box, Coumadin, Chocolate Flavor, Codeine Phosphate

Sign Hold Decline Sign Out Other Time Multi-Hold Multi-Decline Multi-Sign Out Change Remove Individual Overall 0% 0%

Notify

Entries							Time	Mar
Adams, Suzanne C	03/26/1923	97 Yrs	F	Site 1	West	118-2		25
INCIDENT FOLLOW UP x 3 days							am	
Entry Date: 02/24/2021								
NEURO CHECKS:							15 min	
Entry Date: 02/24/2021							30 min	
							45 min	
							1 hr	
							1.5 hr	
							2 hr	
							2.5 hr	

Excerpt of Nursing To Do List assignments post fall note