GER Event Type - Injury

Injury Information –

Injury Type:*

▫ Abrasion▫ Airway Obstruction▫ Allergic Reaction▫Bite/Sting
▫ Bleeding▫ Blister ▫ Bruise▫ Burn ▫ Choking▫ Concussion
▫ Cut▫ Dislocation▫ Fracture▫ Frostbite▫ Hematoma
▫ Hyperthermia▫ Infection▫ Laceration▫ Lesion▫ Loss of Consciousness▫ Pain▫ Poisoning ▫ Pressure Ulcer
▫ Puncture▫Rash/Hives▫ Redness▫ Scrape▫ Scratch
▫ Sprain/Strain ▫Sunburn▫ Swelling/Edema▫ Other
Other _____

Injury Cause:*

▫ Abuse▫ Accident Motor Vehicle▫ Accident Other
▫ Adaptive Equipment▫ Assault▫ Bumped Into▫ Eating Behavior▫ Environmental Hazard▫ Exposure▫ Fall
▫ Ingestion of Foreign Material (Pica)▫ Insect▫ Medical Condition▫ Medical Procedure▫ Restraint▫ Seizure▫ Self Injurious Behavior▫ Undetermined▫Other
Other _____

Specific Location:
▫ Activity Area▫ Bathroom▫ Bedroom▫ Dining Room
▫ Hallway▫ Kitchen ▫ Living Room▫ Outdoors
▫ Recreation Area▫ Staircase▫ Unknown▫ Other
If Other _____

This event was:* ▫Observed ▫Discovered
Time of Injury *_____am / pm
Treatment by:
▫None▫Self▫Family▫Staff/LPN ▫RN Nurse ▫Physician/other medical▫ER/Hospital

Time of Treatment _____am/pm
Treatment date, if different than event date _____am/pm

Injury Color:
▫ Beige▫ Black▫ Green▫ Multi-colored▫ Pink
▫ Purple▫ Red

Injury Severity
▫ Very Minor (No treatment)▫ Minor (First aid)▫ Moderate (Nurse/Physician treatment)▫ Severe (Hospital, ER/admission)
▫ Death

Body Parts
▫Abdomen ▫Finger Thumb Right ▫Shoulder Left ▫AnkleRight ▫Fingers Left ▫Shoulder Right ▫Arm Left ▫Fingers Right ▫Systemic▫Arm Right▫Foot Left▫Teeth▫Back▫Foot Right▫ThighLeft▫ButtockLeft▫ForearmLeft▫ThighRight ▫Buttock Right ▫Forearm Right ▫Toe 2nd Left▫Buttocks ▫Forehead ▫Toe2nd Right ▫Calf Left ▫Genitals ▫Toe3rd Left ▫Calf Right ▫Hand Left ▫Toe3rd Right ▫Chest ▫Hand Right ▫Toe4th Left ▫Left ▫Head ▫Toe4th Right ▫Right▫Hip Left ▫ToeBig Left ▫Elbow Left▫Hip Right ▫ToeBig Right ▫Elbow Right ▫Internal ▫ToeLeft ▫EyeLeft ▫KneeLeft ▫ToeLittle Left ▫Eye Right ▫Knee Right ▫Toe Little Right ▫Face ▫Leg Left ▫Toe Right ▫Finger Index Left ▫Leg Right ▫Tongue ▫Finger Index Right ▫Lips▫Upper Arm Left ▫Finger Little Left ▫Lower Back ▫Upper Arm Right ▫Finger Little Right ▫Mouth ▫Upper Back ▫Finger Middle Left ▫Neck ▫Waist ▫Finger Middle Right ▫Nose ▫Wrist Left ▫FingerRing Left ▫Rectum ▫Wrist Right ▫Finger Ring Right ▫Shin Left▫Finger Thumb Left ▫Shin Right

Injury Summary _____
_____
_____

Witness 1: _____

Witness 2: _____

Injury Photo:
Attached Photo Date_____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....**am/pm**

Note:- Required fields are marked with an asterisk (*)