Resident Bruise/Skin Tear Injury Report

The charge nurse is to complete this report on all residents who are found with a bruise/skin tear. It is to be reviewed with the supervisor as well as the NAC who reported the bruise/skin tear. It is to be signed by the charge nurse, supervisor, and NAC and submitted to the DON within 24 hours of the report along with the accompanying resident report.

Resident: ____________________________ Date: __________ Time: __________

1. Bruise/skin tear was fall related:  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

2. Bruise/skin tear was found during care  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

3. If found during care, please circle the care being given at the time:  
   - Positioning  
   - Transfer  
   - Bathing  
   - Dressing/grooming  
   - Other: ____________________________

4. Resident was agitated/anxious when the bruise/skin tear occurred  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

5. The resident is on Prednisone or anticoagulant  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

6. If you are not able to determine cause, proceed to get witness statements from caregivers for past 24-48 hours.

7. Intervention has been identified on care plan (attach copy of intervention)  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

8. Based on the description of the bruise/skin tear, identify how the accident occurred. Do an environmental sweep noting closets, wheelchairs/other ambulatory devices, skin areas, bed and bed rails, etc: ____________________________

9. Location, color, size: ____________________________

10. Location of resident at time bruise/skin tear discovered: ____________________________

11. Resident had an accident/incident in the past 72 hours  
    - [ ] Yes  
    - [ ] No  
    - [ ] Unknown

12. Resident had a visitor in the past 24 hours  
    - [ ] Yes  
    - [ ] No  
    - [ ] Unknown

13. Resident has been out of the facility in the past 24 hours  
    - [ ] Yes  
    - [ ] No  
    - [ ] Unknown

14. Resident experienced a behavior change in last 72 hours  
    - [ ] Yes  
    - [ ] No  
    - [ ] Unknown

15. Resident was near another resident with a behavior change  
    - [ ] Yes  
    - [ ] No  
    - [ ] Unknown

16. Resident is alert/oriented, able to recall events accurately  
    - [ ] Yes  
    - [ ] No  
    - [ ] Unknown

17. Resident’s statement regarding how the bruise/skin tear occurred (regardless of cognitive status): ____________________________

18. Possible causes (check all that apply)  
    - [ ] Resident transfer  
    - [ ] NAC transfer  
    - [ ] Equipment  
    - [ ] Wet floor  
    - [ ] Self inflicted  
    - [ ] Diagnosis related  
    - [ ] Care plan not followed  
    - [ ] Resident-to-resident altercation  
    - [ ] Medication  
    - [ ] Undetermined  
    - [ ] Other: ____________________________

    - [ ] Care plan updated

Nurse Signature: ____________________________ Date: __________

NAC Signature: ____________________________ Date: __________