

**CHECK SHEET FOR INJURED RESIDENT**  
(use for every injured Resident)

**All residents with injuries must have a written incident report, documentation in the medical record and a completed Check Sheet for Injured Resident form**

**Name of Facility:**

**Resident's Name:**

**Date:**

**Date of Injury:**

1. For Head Injury follow doctor orders or times specified by Administrator/Manager/SIC Facility Policy and Procedure.
2. Residents with identified bruises must be checked at least twice daily - once on each shift for a minimum of 5 days.

**SIC/MANAGER TO COMPLETE THIS SECTION:**

Give a detailed description of the injury. Use sketch on back to indicate injured area(s).

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<b>DATE</b>	<b>STAFF INITIAL</b>	<b>CHANGES YES/NO</b>	<b>DESCRIBE CHANGES</b>

