

Falls: Data Input Form

Month _____ **Year** _____

Formula: Number of falls divided by number of resident days = _____ x 100 = _____
Number of fractures divided by number of falls = _____ x 100 = _____
Number of injuries divided by number of falls = _____ x 100 = _____
Patient days* _____
Falls _____
Fractures _____
Other Injuries _____

Month _____ **Year** _____

Formula: Number of falls divided by number of resident days = _____ x 100 = _____
Number of fractures divided by number of falls = _____ x 100 = _____
Number of injuries divided by number of falls = _____ x 100 = _____
Patient days* _____
Falls _____
Fractures _____
Other Injuries _____

Month _____ **Year** _____

Formula: Number of falls divided by number of resident days = _____ x 100 = _____
Number of fractures divided by number of falls = _____ x 100 = _____
Number of injuries divided by number of falls = _____ x 100 = _____
Patient days* _____
Falls _____
Fractures _____
Other Injuries _____

Month _____ **Year** _____

Formula: Number of falls divided by number of resident days = _____ x 100 = _____
Number of fractures divided by number of falls = _____ x 100 = _____
Number of injuries divided by number of falls = _____ x 100 = _____
Patient days* _____
Falls _____
Fractures _____
Other Injuries _____

**Do not include bed hold days.*

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