



58842

Newborn Fall UOR Debrief Form

Demographics

Date of Event (MM/DD/YY)

□□ / □□ / □□

Time (24-Hour)

□□ : □□

Reported Location

□□□□□□□□□□□□□□□□

- Medford
- Milwaukie
- Newberg
- Portland
- Seaside
- St. Vincent
- Willamette Falls

Patient Sticker (Account # and Medical Record #)

Situation (Describe the event)

Who was involved in the newborn fall? Mother Partner/family/visitor Staff

Newborn fall involving the mother:

Type of Delivery: Vaginal Cesarean Section

Maternal medications at the time of the fall: None Narcotics Epidural Ambien, other "sleeper" Magnesium Other medication: List:

Time medication last administered prior to newborn fall Time (24-Hour) □□ : □□ Not Applicable, if none checked above

Documented maternal history of substance abuse Yes No If yes, Pt history Positive UDS

Other adults in the room at the time of the fall? Yes No

Other adults awake? Yes No

Estimated time between newborn being placed in the maternal bed and nursing staff coming back in the room on rounds? In Minutes □□

Estimated time between newborn being placed in the maternal bed and the fall/drop? In minutes □□

Estimated time out of line of vision (i.e. behind privacy screens, etc.) (PSVMC NICU ONLY) In minutes □□

Type of Newborn Fall Involving Mother of Newborn (Choose one)

From Maternal Hospital Bed

- Mother fell asleep, newborn fell off bed onto the floor
- Mother awake, newborn fell off bed onto the floor

Bed detail

Bed model: Stryker L & D Bed Stryker Postpartum Bed
 Hill Rom L & D Bed Hill Rom Postpartum Bed

Side rails up Yes No

Bed height Low position High position

Head of Bed Elevated Yes No

Pillows lining bed rails Yes No

Ambulation

Mother ambulating with newborn and fell/tripped with newborn

Factors in ambulation fall/drops:

- Equipment (IV lines, phone cord, call light cord, etc)
- Room conditions (Fluids on floor, furniture in the way, bedding on the floor, etc)

Mother in Rocking Chair or Room Chair, fell asleep & newborn fell to floor

- Rocking Chair
- Room Chair
- Other

Other event leading to fall or drop of the newborn

Comments



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Type of Newborn Fall involving partner, family or visitor (Choose one)

Ambulation

Family member/visitor walking with newborn & fell/tripped with newborn

Factors in ambulation fall/drops:

- Equipment (IV lines, phone cord, call light cord, etc)
- Room conditions (Fluids on floor, furniture in the way, bedding on the floor, etc)

Partner, family member, visitor in Rocking Chair or Room Chair, fell asleep & newborn fell to floor

- Cot
- Rocking Chair
- Room Chair

Other event leading to fall or drop of the newborn

Comments:

Complete the following sections for all newborn fall types

Identification that newborn had fallen:

- Mother awake or woke up when newborn fell
- Nursing staff came in the room and identified the newborn had fallen
- Other identification of newborn fall

Comments:

Did fall occur from isolette or warmer?

Yes No

Immediate parental report to nursing staff?

Yes No Unknown

Newborn injuries identified?

Yes No If yes, Describe injury:

Estimated distance newborn fell:

Inches: **OR** Feet:

Newborn provider notified?

Yes No Care Provider Name

Date (MM/DD/YY)

 / /

Newborn on frequent observation?

Yes No

Time (24-Hour)

 :

Newborn moved to Nursery/NICU?

Yes No

Were there any diagnostic tests completed?

Yes No

List tests:

Newborn safety contract reviewed and signed on admission??

Yes No

No co-sleeping policy verbally reinforced by nursing staff to mother and family members?

Yes No

Visual reminders of no co-sleeping policy in the maternal hospital room

Yes No

Fall appropriately documented in the medical record (event, physical exam, interventions, MD notification, no reference to a UOR)

Yes No

Bedside RN (Please Print)

Charge RN (Please Print)