

---

# Nursing Event Note

## Patient Information

- **Name:** [Patient Name]
- **Age:** [Age]
- **Gender:** [Gender]
- **Date/Time of Event:** [MM/DD/YYYY - HH:MM AM/PM]
- **Room Number:** [Room or Bed Number]

## Event Description

- **Nature of Event:** [Fall, medication error, code blue, etc.]
- **Details:** [Describe exactly what happened, including who was involved and any immediate reactions]

## Interventions

- **Actions Taken:**
  - [Immediate Response, such as securing patient safety or initiating CPR]
  - [Notifications Made, including time and names of individuals contacted]

## Evaluation

- **Outcome of Event:** [Resolution or ongoing issues]
- **Patient's Condition Post-Event:** [Stable, transferred, etc.]
- **Recommendations/Follow-Up:** [Preventative measures or further steps to take]

## Sign-Off

- **Nurse's Name and Designation:** [Full Name, RN/LPN, etc.]
- **Signature:** [Nurse's Signature]
- **Date and Time:** [MM/DD/YYYY - HH:MM AM/PM]