### horizontal line**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]