

Adverse event documentation form											
<b>1. general information</b>											
Kita Name:											
Child's name:											
Date of birth (DD.MM.YYYY): <table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td><td>.</td><td></td><td></td><td></td><td></td></tr></table>				.			.				
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Filled in by:											
<input type="checkbox"/> Daycare center management employees <input type="checkbox"/> Other daycare center Daycare center educator											
<input type="checkbox"/> Parent / legal guardian <input type="checkbox"/> Other: _____											
Contact details (email and phone):											
<b>2. adverse event - symptoms</b>											
2.1 General symptoms											
<b>Dizziness:</b>											
<input type="checkbox"/> Light											
<input type="checkbox"/> Medium (unsafe to move)											
<input type="checkbox"/> Heavy (must lie down)											
<b>Tiredness/exhaustion:</b>											
<input type="checkbox"/> Light (requires rest)											
<input type="checkbox"/> Medium (exhaustion despite rest)											
<input type="checkbox"/> Severe (exhaustion despite rest and requires movement assistance)											

**Chills / freezing 20 minutes after Kneipp application and warming up:**

- ☐ Light (trembling; chattering teeth) ☐ Medium (body trembling)  
☐ Heavy (body trembles constantly)

**Pain:**

- ☐ Mild pain  
☐ Moderate pain (limited activity)  
☐ Severe pain (restriction of independent activity)

**Feeling ill:**

- ☐ Low (discomfort)  
☐ Moderate symptoms (discomfort or lack of well-being)  
☐ Severity (discomfort / lack of well-being with restriction of independent activity)

**Irritability:**

- ☐ Low (comforting)  
☐ Moderate symptoms (increased attention indicated)  
☐ Severe abnormal or excessive reactions (inconsolable)

**2.2 Skin****Reddening of the skin:**

- ☐ Mild symptoms  
☐ Moderate (treatment necessary, everyday life prevented)  
☐ Severe (hospitalization & restriction of everyday life)

**Pallor:**

- ☐ Light (pale/blue >20-30min after treatment)  
☐ Medium (pale/blue >30-60min after treatment)  
☐ Severe (pale/blue >60min after treatment)

**Rash:**

- ☐ Mild symptoms  
☐ Moderate (treatment necessary, everyday life prevented)  
☐ Severe (hospitalization & restriction of everyday life)

**2.3 Fall****Bruise:**

- ☐ Mild symptoms
- ☐ Means (treatment required)
- ☐ Severe (requires hospitalization)

**Laceration:**

- ☐ Slight bleeding
- ☐ Medium (Requires medical intervention)
- ☐ Severe (Requires medical intervention and disabled)

**Broken bone:**

- ☐ Asymptomatic
- ☐ Symptomatic (entered)
- ☐ Severe (complicated fracture or surgery necessary)

**2.4 Breathing****Shortness of breath immediately after a Kneipp treatment:**

- ☐ Shortness of breath with moderate exertion
- ☐ Shortness of breath with minimal exertion
- ☐ Shortness of breath at rest

**Rapid breathing which occurs directly after a Kneipp treatment:**

- ☐ Rapid breathing calms down after a short period of sedation
- ☐ Rapid breathing calms down after extended relaxation time
- ☐ Rapid breathing only calms down with medical intervention

**2.5 Other symptoms (not mentioned above)**

☐ Symptom description:

\_\_\_\_\_

Detailed description of the severity of the complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. description of the event:

### 3.1 Detailed description of what happened

[illegible]

**3.2 Exact time of the event**

Start of the event:

End of the event:

(DD.MM.YYYY)

(DD.MM.YYYY)

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Time: \_\_ : \_\_

Time: \_\_ : \_\_

**4. documenting person:**

Filled in by:

- ☐ Daycare center management  
☐ Other daycare center employees  
☐ Daycare educator  
☐ Parent / custodian  
☐ Other: \_\_\_\_\_

Contact details

(first name SURNAME): \_\_\_\_\_

(email &amp; phone): \_\_\_\_\_