

Post Fall Checklist

Patient Sticker

Complete a post fall head-to-toe assessment

Notify Physician

If patient **hit head** or has **unwitnessed fall**

- Initiate VS and neurological observations every 1 hour for 4 hours, then neuro observations every 4 hours for 24 hours

DO NOT discontinue VS/Neuro Observations due to negative CT unless MD order

- Discuss need for Head CT

Notify Nurse Manager (normal business hours or if significant injury)

Notify Family

Notify House Supervisor (evenings/nights/weekends)

Perform Immediate Post Fall Unit Huddle

- Huddle immediately after fall with healthcare team to discuss fall event (including contributing factors) and review patient's plan of care for ways to prevent future falls

- Additional fall prevention interventions initiated **after** fall:

Bed/chair alarm

Signs on doors

Sit-to-stand for transfers

Red non-skid socks

Low bed with floor mats

Non-slip mats

Bedside commode

Chair/bed wedge

PT/OT consult

2-person assist

Self-releasing lap belt

Move closer to nurses station

Gait belt

Pharmacy review med list

Other _____

4 side rails up

(only for patients on specialty beds)

Fill out SENSOR Report

Documentation Requirements:

- Fall IPOC Initiate and/or Update
- Significant Event - document fall and family/physician notification
- Fall this Admission in Flowsheet
- Nurse to Nurse Communication Order (indicating fall occurred)
- Safety Education in Ad Hoc
- Update Whiteboard

Discuss fall event at safety huddle and in bedside shift report for remainder of patient stay

Please give a detailed description of the fall event.

What caused this fall?

What interventions could have prevented this fall?

Submit completed form to Unit Nurse Manager

Completed By: _____ Date _____

4/14/2020

Data Collection for Quality Improvement (NOT PART OF THE PERMANENT MEDICAL RECORD)

