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
  - Red non-skid socks
  - Bedside commode
  - 2-person assist
  - Gait belt
  - 4 side rails up (only for patients on specialty beds)
  - Signs on doors
  - Low bed with floor mats
  - Chair/bed wedge
  - Self-releasing lap belt
  - Pharmacy review med list
  - Sit-to-stand for transfers
  - Non-slip mats
  - PT/OT consult
  - Move closer to nurses station
  - Other _____________

Fill out SENSOR Report

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