

PLACE POST FALL REVIEW IN MANAGER'S IN-BOX



Post Fall Review

Patient Sticker

<p>UNIT: _____ DATE: _____ TIME: _____</p> <p>Facilitator (circle one): Manager House Supervisor Charge Nurse _____</p> <p>Staff Present: (list names) _____</p> <p><input type="checkbox"/> Manager notified via phone or text <input type="checkbox"/> House Supervisor Notified</p> <p><input type="checkbox"/> MD Notified <input type="checkbox"/> Family Notified</p> <p><input type="checkbox"/> Patient sustained an injury: (Describe) _____</p>	<p>Documentation Checklist (ALL must be completed)</p> <p><input type="checkbox"/> Complete Post Fall Review (PFR)</p> <p><input type="checkbox"/> Place PFR in Manager's in-box</p> <p><input type="checkbox"/> Document Fall in Nursing Note</p> <p><input type="checkbox"/> Update Fall Assessment</p> <p><input type="checkbox"/> Update Care Plan</p> <p><input type="checkbox"/> RN Enter Event Report into IVOS</p>
<p>1 Contributing factors to the fall: (Check all that apply) <input type="checkbox"/> Comorbidities <input type="checkbox"/> History of previous falls <input type="checkbox"/> ETOH</p> <p><input type="checkbox"/> Left unassisted while toileting <input type="checkbox"/> Getting in/out of chair <input type="checkbox"/> Dizziness <input type="checkbox"/> Patient unwilling to ask for assistance</p> <p><input type="checkbox"/> Ambulating unassisted <input type="checkbox"/> Weakness/frailty <input type="checkbox"/> Impaired mobility</p> <p><input type="checkbox"/> Getting in/out of bed <input type="checkbox"/> Medications <input type="checkbox"/> Multiple lines / drains / tubes <input type="checkbox"/> Other: (list) _____</p>	
<p>2 Did any human factors contribute to the fall: (Check all that apply to staff or environment)</p> <p><input type="checkbox"/> Distractions <input type="checkbox"/> Interruptions <input type="checkbox"/> Multi-tasking <input type="checkbox"/> Other: (list) _____</p> <p><input type="checkbox"/> Fatigue (OT, DT) <input type="checkbox"/> Teamwork <input type="checkbox"/> Loss of situational awareness</p> <p><input type="checkbox"/> Rushing <input type="checkbox"/> Stress <input type="checkbox"/> Physical environment (list) _____</p>	
<p>3 Staffing Considerations: (Check all that apply) UNIT CENSUS: _____</p> <p><input type="checkbox"/> RN to Patient Ratio: 1: _____ <input type="checkbox"/> Unit staffed to ratio with CN <input type="checkbox"/> Patient's RN on break <input type="checkbox"/> Resource RN</p> <p><input type="checkbox"/> CNA to Patient Ratio: 1: _____ <input type="checkbox"/> Unit staffed to ratio without CN <input type="checkbox"/> CNA <input type="checkbox"/> Unit Secretary</p>	
<p>4 Interventions in place PRIOR to fall: (Check all that apply) Most Recent Fall Score (prior to fall): _____</p> <p><input type="checkbox"/> Yellow fall risk bundle <input type="checkbox"/> Low bed/fall mats <input type="checkbox"/> Patient room near Nursing Station</p> <p><input type="checkbox"/> Bed in lowest position <input type="checkbox"/> Bed/Chair alarm <input type="checkbox"/> Hourly rounding/4 P's (positioning, potty, pain, placement) Time: _____</p> <p><input type="checkbox"/> Call light within reach <input type="checkbox"/> Commode at bedside <input type="checkbox"/> Patient education about fall prevention <input type="checkbox"/> Room clutter free</p>	
<p>5 Patient conditions that indicate higher risk for injury from a fall: (Check all that apply)</p> <p><input type="checkbox"/> Age > 65 years old</p> <p><input type="checkbox"/> Bones—history of bone conditions (osteoporosis, previous fracture, prolonged steroid use, metastatic bone cancer, frailty)</p> <p><input type="checkbox"/> Coagulopathy—medications that affect coagulation</p> <p><input type="checkbox"/> Surgery—postsurgical patient, recent limb amputation, total joint replacement, major abdominal or thoracic surgery</p>	
<p>6 Interview Patient. Intro: "It's our practice at SFMH to debrief after falls to look at why this happened and learn what we can do to prevent future falls. Would you be willing to participate with us? "</p> <p>◆ What did we do to prepare you for this hospitalization and to keep you safe?</p> <p>◆ What happened leading up to the fall?</p>	
<p>7 Interview Staff.</p> <p>◆ What could have prevented this fall?</p>	
<p>8 What actions, if any, have been initiated to prevent this patient from falling again?</p>	
<p>Manager/Charge Nurse: _____ Date: _____ Time: _____</p>	