

## POST-FALL EVALUATION:

**Patient:** \_\_\_\_\_ **Patient Age:** \_\_\_\_\_ **Clinician:** \_\_\_\_\_

1. Date of fall: \_\_\_\_\_ Time of fall: \_\_\_\_\_ Location of fall: \_\_\_\_\_
2. Was this fall observed?  No  Yes, by whom \_\_\_\_\_
3. Was the patient alone at the time of the fall?  No  Yes
4. Does patient live alone?  No  Yes
5. What was the patient doing at the time of the fall: \_\_\_\_\_  
\_\_\_\_\_
6. Was reason for fall evident?  No  Yes, reason: \_\_\_\_\_
7. Did fall result in injury?  No  Yes, injury: \_\_\_\_\_
8. Did fall result in emergent care/hospitalization?  No  Yes
9. Does patient have/utilize any assistive device(s)?  No  Yes, type: \_\_\_\_\_
10. Was assistive device being used at time of fall?  No  Yes  N/A
11. Was therapy involved prior to fall?  No  Yes, therapy included: \_\_\_\_\_
12. Was safety assessment documented prior to fall?  No  Yes
13. Was safety teaching documented prior to fall?  No  Yes
14. Were medications reviewed for fall potential?  No  Yes
15. Describe location where the fall occurred:

CLUE	Yes	No	CLUE	Yes	No
Water spills?			Patient in a hurry? (why?)		
Phone cords/TV cords on floor?			Patient not using cane/walker as instructed?		
Clutter on floor?			Improper footwear?		
Poor lighting?			Clothing got in the way?		
Improper bed height?			Patient came tired?		
Other furniture involved?			Patient reaching for items?		
Wheelchair unlocked?			Patient using incontinent supplies at time of the fall?		
Wheelchair foot rests in the way?			Other:		

16. Has the patient's health status changed?

CLUE	Yes	No	CLUE	Yes	No
New/increase/decrease in blood pressure medication?			New/increase/decrease in psychotropic medications?		
New/increase/decrease in pain medications?			Change in diagnosis status?		
Changes in blood pressure?			Decrease in fluid intake?		
Recent return from hospital?			Changes in mental status?		
Recent weight loss?			Changes in behaviors?		
Recent fever/cough/cold?			Changes in mobility status?		
Other:					

### Analysis:

Do the "Clues" reflect environmental factors that could have contributed to the fall?  No  Yes

Do the "Clues" reflect any health care factors that could have contributed to the fall?  No  Yes

Are there any similarities to previous falls?  No  Yes,

Any unmet needs identified (i.e. reeducation, environment, medications, therapy, etc.)  No  Yes