

56Lakeview Hospital
Patient Post Fall Huddle

Date of Fall _____ Time of Fall _____

Ask the patient:

“Do you remember falling?”

Yes _____

No _____

“What were you doing when you fell?”

“Had you put on your call light?” _____

“Were you injured?”

Yes _____ If so, how and where? _____

No _____

Additional comments from patient, family, staff? _____

Patient Status:

Was patient on Falls Protocol?

Yes _____

No _____

Falls interventions in place:

Bed Alarm _____

Bed in low position _____

TABS _____

Sitter _____

Were hourly rounds done?

Yes _____

No _____

What time was the patient last seen/observed/assisted? _____

Call Light Status:

Was the call light on?

Number of minutes call light was on? _____

Yes _____

No _____

Contributing Factors:

Medication _____ (please specify name of medication)
 Equipment _____
 Footwear _____
 Mental status _____
 Urgency of toileting needs _____
 Environmental issues _____

Unit Census _____

Number of Staff assigned to the unit at the time of fall:

RN _____ (including floor charge nurse)	RN assigned to patient _____
CNA _____	CNA assigned to patient _____
HUC _____	
Other _____	

Is this fall a repeat during this stay? _____

Was the fall assisted by staff? _____

Suggestions for interventions to be implemented post fall: _____

Not a permanent chart copy

Please return to the Manager