# Post Fall Huddle Form

## SECTION A: FALL EVENT DETAILS--To be filled out by RN

<table>
<thead>
<tr>
<th>Date of fall:</th>
<th>Time of fall (military):</th>
</tr>
</thead>
</table>

**Department/Nursing Unit where fall occurred:**

**Patient’s fall risk level prior to fall (in LW):**
- [ ] Low
- [x] Moderate
- [ ] High
- [ ] Automatic High

**Did the patient have a falls risk wristband on when they fell?**
- [x] Yes
- [ ] No

**When was the last time the patient was rounded on?**

_____

**Which of the following were assessed during rounds?**
- [ ] Pain
- [ ] Potty
- [ ] Positioning
- [x] Placement of items

**Physical location of fall:**
- [ ] From bed
- [ ] Between bed and bathroom
- [ ] From chair
- [ ] Between chair and bathroom
- [ ] Other patient room location
- [ ] From BSC
- [ ] From toilet
- [ ] From cart or gurney
- [ ] Hallway
- [ ] Shower/tub
- [ ] Therapy/radiation/other treatment
- [ ] Other:

**Was fall witnessed?**
- [x] Yes
- [ ] No

**Was fall assisted?**
- [ ] Yes
- [x] No

**If fall was staff assisted, what transfer equipment was in use at the time of the fall?**
- [x] None
- [ ] Transfer belt
- [ ] EZ stand
- [ ] EZ lift
- [ ] Walker
- [ ] sliding board/slip sheet
- [ ] N/A

**Was a staff member injured at the time of the fall?**
- [ ] No
- [x] Yes

*If yes, please complete the Employee Accident or Injury Investigation Report.*

**If patient fell from bed, number of side rails in use at time of fall:**
- [x] N/A

**Medications administered within 8 hours prior to fall:**
- [ ] None
- [ ] PCA
- [ ] Opiates
- [ ] Anticonvulsants
- [ ] Antihypertensives
- [ ] Antiarrhythmics
- [ ] Diuretics
- [ ] Hypnotics
- [ ] Sedatives
- [ ] Laxatives
- [ ] Antidepressants
- [ ] Antipsychotics
- [ ] Benzos
- [ ] Antihistamines
- [ ] Antiparkinsonians
- [ ] Alzheimer drugs

**Is the patient on anticoagulants?**
- [ ] Yes
- [ ] No

**Preventative measures in place prior to the fall:**
- [ ] Low Bed
- [ ] Posey Sitter (chair pad)
- [ ] Posey Sitter (bed pad)
- [ ] Posey Vest
- [ ] Wrist restraints
- [x] 4 side rails
- [ ] 1:1
- [ ] Other:

**If the patient had a low bed or posey sitter in place, where the alarms properly set?**
- [x] Yes
- [ ] No

*If yes, did the alarms prompt the staff response to the fall?*  
- [ ] Yes
- [ ] No

## SECTION B: POST FALL CHECKLIST—To be completed by RN

- [ ] Page Flying Squad to respond to patient fall and facilitate second page of huddle form.

- [ ] MD notified—policy is to notify MD for all patient falls. *If the fall was unwitnessed or involved a potential head injury, complete a neuro exam every 15 minutes until the MD directs otherwise.*

- [ ] Nursing Supervisor epaged with FYI message of the fall event.

- [ ] Complete “High-falls” risk order set (Located in Lastword under COE order sets→Medicine or Nursing or search by “high falls.”)

- [ ] Update the Care Plan

- [ ] **Complete a progress note, including the following information:**
  1. Was the fall witnessed/unwitnessed and by whom.
  2. Orientation status of pt. at time of fall: confused, drowsy, alert, etc.
  3. Type of injury.
  4. How was the patient lifted following the fall event—what equipment was used and how many staff members assisted?

- [ ] Update the falls nursing flowsheet, making the pt an automatic high falls risk.

- [ ] Pass on in report about fall and time to complete post-fall assessment (8 to 24 hours after the fall event).

- [ ] Was next of kin notified?
  - [x] Yes
  - [ ] No (If no, why not?)

- [ ] **Flying Squad to fax a copy of the completed POST FALL HUDDLE FORM and PROGRESS NOTE to Patient Safety, at 3-1334. Original huddle form goes to the Nurse Manager of the unit the fall occurred on.**
### SECTION C: MINI ROOT CAUSE ANALYSIS—To be completed by Flying Squad

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Title</th>
<th>Home Unit</th>
<th>Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flying Squad RN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge RN</td>
<td></td>
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<tr>
<td>Primary RN</td>
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<tr>
<td>Nurse Assistant</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other (MD, students, etc)</td>
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<td></td>
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</tr>
</tbody>
</table>

What time did Flying Squad arrive for the mini root cause analysis?

What did the pt/family report was the reason for the fall?

Patient fell-WHY?

 WHY did that happen?

 WHY did that happen?

 WHY did that happen?

 WHY did that happen?

Root Cause(s) of fall determined:

Counter-measures taken that directly address the root cause(s) of the fall:
- Low bed placed
- Posey sitter-chair pad placed
- Pt/family education
- Staff education
- Care plan revised/updated
- Equipment replaced/repaired
- PT/OT consult
- 1:1
- Pt moved closer to the nurses station
- Medications adjusted:
- Other:

Updated 6/2009