

McLaren Print System Order

Order No: 9686
Order Date: 2015-03-09
User: Shelby Reed
Phone: 810-342-2546

Ship Location: Shelby Reed - 5 South ACP Office
401 South Ballenger Highway
Flint, MI 48532

Forms

Quantity: 1000
Paragon Dept No: 91020
Dept Name: Nursing Admin
Company Number: 60

Order Total Price: 0.00

Item Number: 17920
Item Description: Post Fall Checklist
Revision Date: 3/2015
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
Flint, MI
POST FALL CHECKLIST

Complete items listed below for all falls:

- Assess for injuries
- Refer to Patient Fall Prevention and Management Policy
- Complete Post Fall SBAR and file in progress note section of patient chart
- Notify physician of fall including SBAR information
- Notify Department Manager of the fall
- Implement neuro checks and document in the 24 hour nursing daily focused assessment. (Every 2 hours x 48 hours if fall is not witnessed or per physician order)
- Implement Post Fall Protocol
- Obtain CT scans and other testing as ordered
- Implement High-Fall Risk prevention strategies, if not already in place
- Contact family if permitted by the patient and document details. If patient is incapacitated, contact DPOA or next of kin as appropriate
- Document details of the fall
- Conduct Post Fall Huddle (Addendum II): Report to charge nurse, gather staff, give SBAR report to staff, discuss future of fall prevention plan
- Attach a copy of the Post Fall SBAR and Post Fall Huddle Form and return to manager
- Implement interventions to prevent any further falls. Consult with CDR/NSM to determine need for additional resources (ie: Therapy Consult, Medication Review by Pharmacy)
- Assess need for additional equipment
- Update care plan

Staff Nurse: Complete and turn form into manager.

Manager: Complete audit and submit copy of Post Fall SBAR and Post Fall Huddle Form to Risk Management within 2 business days post fall.

THIS FORM IS NOT A PART OF THE PERMANENT MEDICAL RECORD. IF RECEIVED PLEASE SEND BACK TO NURSE MANAGER.

POST FALL CHECKLIST
1/1/2015
