

McLaren Print System Order

Order No: 9688
 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: 17922
 Item Description: Post Huddle / Follow Up Form
 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 HUDDLE/FOLLOW UP FORM

Unit Closes at time of fall _____ Number of staff on Unit at time of Fall _____
 Huddle Date _____ Time _____ RN's _____ NA's _____

Staff Attending Huddle: _____ Time late hourly rounding completed _____
 CHS/AMR _____ Time since last fall risk hrs. Min. _____
 Charge Nurse _____ Tolerated before sleep, pain, or sedative med. Yes No
 Patient's Nurse _____ Fall risk communicated in last handoff. Yes No
 RN/NA's _____ Documented on Handoff tool. Yes No
 Other (usual, PT, UC, etc): _____ Does Patient have PT/OT ordered. Yes No

Were the following interventions in use?

Yellow Sock/shoelace footwear Patient/Family Ed Documented
 Arm band on Bed in lowest position
 1:1 Present Bed Brake on
 Glasses/hearing aide on Bed Alarm on
 Bedside/Bathroom signage posted Assistive Device
 Side Rails in use Other _____

Document any changes in plan of care on the interdisciplinary care plan and 24-hour flow sheet.

Manager/Pool Fall Audit	Yes	No	Comment
Was the Post Fall SSAR checked/ completed and placed in the Progress Note section of the chart for Physician review?			
Was the Post Fall Checklist completed properly?			
Was the Falls Care Bundle properly used?			
Is the fall documented in the chart?			
Were Neuro check and other assessments documented?			
Is follow up with other departments needed?			

Manager Signature _____ Date/Time _____
 (Required)

FORWARD TO RISK MANAGEMENT WITHING 48 HOURS

THIS FORM IS NOT A PART OF THE PERMANENT MEDICAL RECORD

This is an confidential professional review and quality assurance document and is not to be distributed outside of the medical center. If a confidential patient safety work product is protected from disclosure pursuant to the provisions of 42 CFR 200.201, 42 CFR 200.202, 42 CFR 200.203, 42 CFR 200.204, 42 CFR 200.205, 42 CFR 200.206, 42 CFR 200.207, 42 CFR 200.208, 42 CFR 200.209, 42 CFR 200.210, 42 CFR 200.211, 42 CFR 200.212, 42 CFR 200.213, 42 CFR 200.214, 42 CFR 200.215, 42 CFR 200.216, 42 CFR 200.217, 42 CFR 200.218, 42 CFR 200.219, 42 CFR 200.220, 42 CFR 200.221, 42 CFR 200.222, 42 CFR 200.223, 42 CFR 200.224, 42 CFR 200.225, 42 CFR 200.226, 42 CFR 200.227, 42 CFR 200.228, 42 CFR 200.229, 42 CFR 200.230, 42 CFR 200.231, 42 CFR 200.232, 42 CFR 200.233, 42 CFR 200.234, 42 CFR 200.235, 42 CFR 200.236, 42 CFR 200.237, 42 CFR 200.238, 42 CFR 200.239, 42 CFR 200.240, 42 CFR 200.241, 42 CFR 200.242, 42 CFR 200.243, 42 CFR 200.244, 42 CFR 200.245, 42 CFR 200.246, 42 CFR 200.247, 42 CFR 200.248, 42 CFR 200.249, 42 CFR 200.250, 42 CFR 200.251, 42 CFR 200.252, 42 CFR 200.253, 42 CFR 200.254, 42 CFR 200.255, 42 CFR 200.256, 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POST HUDDLE/FOLLOW UP FORM
 03/2015

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