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 III): Report to charge nurse, gather staff, give SBAR report to staff, discuss failure of fall prevention plan
☐ Attach a copy of the Post Fall SBAR and Post Fall Huddle Form and return to manager
☐ Complete McLaren Safety First
Implement interventions to prevent any further falls. Consult with DM/ANM 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.

PT.

MR.#/P.M.

DR.