

McLaren Flint
FLINT, MICHIGAN

POST-FALL SBAR

Situation

Date of fall: _____ Time of fall: _____ Room #: _____ Unit: _____

Witnessed: Yes No Hit Head: Yes No Activity before fall (use Key): _____

Most recent fall assessment: 0-12 hrs 12-24 hrs >24 hrs

Morse Fall Scale Score: _____

Brief explanation of fall: _____

Background

Relevant patient history/symptoms (use Key): _____

What is the patient's cognition history (use Key): _____

Does the patient have osteoporosis? Yes No

Previously or currently on anticoagulation therapy? Yes No

Low platelet count? Yes No

Previous fall this hospitalization? Yes No

Assessment

Injury (use key): _____ Pain related to fall: _____

Neuro assessment _____ Glasgow Coma Score _____

T: _____ P: _____ R: _____ BP: _____ O2 Sat: _____ Accu-check (for diabetic) _____

High risk medications received within 4 hours before the fall: (note if new)

Medication	Time Given	Medication	Time Given
<input type="checkbox"/> PCA/Opiate	_____	<input type="checkbox"/> Antihypertensive	_____
<input type="checkbox"/> Hypnotic	_____	<input type="checkbox"/> Sedative	_____
<input type="checkbox"/> Anticonvulsant	_____	<input type="checkbox"/> Diuretic	_____
<input type="checkbox"/> Laxative	_____	<input type="checkbox"/> Psychotropic	_____

Recommendation

CT scan completed: Date _____ Time _____ Other treatment or testing provided: _____

Physician(s) notified: _____ Date: _____ Time: _____

Was patient transferred off of the unit following the fall? Yes No To room #: _____

Signature of RN: _____ Date: _____ Time: _____



SBAR Key

Situation: (Activity before fall)

1. Assisted to floor
2. From bed
3. Walking to bathroom
4. In bathroom
5. Walking from bathroom
6. From bedside commode
7. Found on floor
8. Walking without assistance
9. Walking with assistance
10. From chair or wheelchair
11. From stretcher or table
12. Uses walker, cane, or crutches
13. In shower/tub
14. While standing
15. Reported by family
16. Other: must specify on front

Background: (Relevant patient history and symptoms prior to fall)

1. Gait disturbance
2. Weakness
3. Hypoglycemia
4. Seizure
5. In restraints
6. Fainted

Cognition History

7. Alert
8. Combative
9. Agitated
10. Impulsive
11. Sedated
12. Unconscious
13. Uncooperative
14. Other: must specify on front

Assessment: (Injury)

1. Abrasion
2. Bruise
3. Hematoma
4. Laceration
5. Redness
6. Skin tear
7. Range of Motion limitation
8. Pain
9. Swelling
10. Unknown
11. Change in level of consciousness
12. Change in mental status/confusion
13. Other: must specify of front