Post Fall Huddle Data

Date	Time	Shift	LOS	Name	Age	Admit Dx	Physical Location of Fall/What was Pt trying to do at time of fall?	Injury	rl Sol #	Patient's fall risk level prior to fall (low, mod, high)/ Is the assessment correct?	Were the interventions, *associated* with the fall risk level, in place? (if not, what was lacking)	When was the last time the patient was rounded on (4 Ps*)?	Medications administered within 8 hrs prior to fall:	What additional preventative measures where in place prior to the fall? Ie: sitter, self releasing belts, restraints, *teachback done* & with who?	Other: ie: Did patient use call bell for assistance? Prior to fall, where ancillary walking aids accessible to Pt? ie: cane, walker, prostheis, wheelchair
5/15/2013	*7:30PM*	*2*	*46 D*	*Example, Only,*	*61*	*CVA*	*Getting OOB*	*None Noted*	*14396*	*12 Moderate*	*Yes*	*6:50PCT&7:15RN*	*Colace 1PM&5PM*	*self-releasing belt-which pt. refused Fall risk*	*devices @ bedside sit to stand when*

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