Random Audit Fall Data

Date	Time	Shift	LOS	Name	Admit Dx	Assessed Fall Risk within the first 1.5 hrs of shift?	Is Patient's Fall Risk assessment correct?	Was teachback done & with who?	Were the interventions, *associated* with the fall risk level, in place? (if not, what was lacking)	Is there appropriate signage posted for high & moderate risk patients?	Was Fall Risk assessment communicated on Handoff?	Is Falls Risk on white board?	Are the 4 Ps being addressed with the patient?	Ask two staff members (PCT or RN) if thy can identify who is on Moderate or High Fall Risk?	What additional preventative measures are in place to prevent falls? Ie: sitter, self releasing belts, restraints, if needed, are ancillary walking aids accessible to Pt? ie: cane, walker, prostheis, wheelchair.	Other:

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