

45678



**Queensland
Government**

In-patient Falls Assessment and Management Plan

(Affix identification label here)

URN: 45678

Family name: Richards

Given name(s): JO

Address:

Date of birth: 01 JAN 1970 Sex: M F I

Adult

- Complete within eight (8) hours of admission
- Review management plan at a minimum daily and document as per local policy
- Initial when strategies are implemented
- V indicates a variance from clinical care and must be documented in the clinical notes

Falls Prevention Management Plan

All care givers who initial are to sign signature log

Key: Key Allied Health Medical Nursing Pharmacy

Category	Key	Description	Date		
			Time		
Communication	▲	In partnership with patient and / or carer discuss falls risk factors and develop falls prevention plan			
	◆	Provide written falls prevention information (e.g. <i>Stay On Your Feet</i> ® BE SAFE brochure)			
	■	Communicate patients 'at risk' status at bedside handover			
	⬆	Instruct patient to call for assistance when getting out of bed / mobilising (if required)			
	Ⓟ	Falls risk patients on anti-coagulant / antiplatelet medication, request MO / Pharmacy medication review			
Environment / Equipment	▲	Orientate patient to surroundings, routine and location of bathroom and toilet			
		Ensure clutter free and safe environment (e.g. night time lighting)			
		Ensure the bed height and position are suitable for the patient's needs			
		Apply bed brakes correctly			
		Ensure bed rails are at appropriate height for patient's needs			
		Keep buzzer in reach; educate patient on buzzer usage			
		Keep patient's routine belongings within reach			
Observations	▲	Ensure frequent rounding and surveillance			
		Consider supervision during toileting / showering / mobilisation			
		Ensure suitable toileting protocols are in place			
Other Care (specify)	▲				
	◆				
	■				
	Ⓟ				
Discharge Planning / Education	▲	Provide information on falls risk factors and prevention strategies (e.g. <i>Stay On Your Feet</i> ® Checklist)			
	◆	Refer to OT for ADL and home assessment			
		Complete nursing discharge summary and facilitate referrals			

DO NOT WRITE IN THIS BINDING MARGIN

Signature Log

Initial	Print name	Designation	Signature	Initial	Print name	Designation	Signature
ML	Monica Linnane	MO					