



**Queensland
Government**

In-patient Falls Assessment and Management Plan

(Affix identification label here)

URN: 246802

Family name: Thorne

Given name(s): Alex

Address: 2A Unity Drive, Pleasantville

Date of birth: 01 JAN 1924

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		
			Day	Month	Year	Hour	Min	Sec
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	<i>MLL</i>				