

FALLS Harm Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Fall and Injury risk assessment on admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Re-assess fall and injury risk daily, and also with changes in the patient's condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implement patient specific intervention to prevent hazards of immobility: Rehab referral, progressive activity and ambulation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication risk across the team: Hand-off forms, visual cues, huddles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rounding every 1-2 hours for high risk patients; address needs (the 3 P's - pain, potty, position-pressure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individualize interventions Non-skid floor mats, hip protectors, individualized toileting schedule, adjust frequency of rounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacist medication review - avoid unnecessary hypnotic, sedatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multidisciplinary input to falls prevention PT, OT, MD, RN, Pharm.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Include patients and families and caregivers in efforts to prevent falls. Educate regarding fall prevention measures and family members staying with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post fall huddles - occur immediately after event; analyze how and why; implement the change(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

