Prevent Patient Falls!



Patient Name: Date: _

Fall Risks (circle all that apply)

Fall Interventions (circle all that apply)

History of Recent Falls

Discuss Recent Falls



Unsteady Walking Gait



1 Person Assistance











Medication Side Effects

Toileting Schedule: Every _____ hours

Assist to Bed Commode Pan









May Forget to Call for Assistance or Choose Not to Call

Bed Alarm Chair Alarm Floor Mat More Frequent On On in Place







Rounding

Has I.V.s/ Medical Equipment

I.V. Assistance While Walking

