

**LONG PRAIRIE MEMORIAL NURSING HOME  
POST FALL ASSESSMENT**

**History of falls**

Date of fall: \_\_\_\_\_

Falls in the last 6 months: \_\_\_\_\_

Time of fall: \_\_\_\_\_

Date of last fall: \_\_\_\_\_

**TASK**

- Transferring
- Reaching
- Ambulating
- Other: \_\_\_\_\_

**LOCATION**

- Room
- Bathroom
- Activity/Dining room
- Other: \_\_\_\_\_

**COMMUNICATION**

- Glasses on: Y or N
- H/A in: Y or N
- Call light within reach: Y or N
- Call light on: Y or N

What footwear did resident have on:  Socks    Teds    Gripper socks    Barefoot  
 Slippers    Shoes

Light in room: On / Off

Room lay out changed

Floor: Wet / Dry

Room change within month

Room crowded (if yes, how?) \_\_\_\_\_

**Medications used prior to fall** (RN/LPN)

- Diuretic in past 8 hrs
- Hypertension in past 8 hrs
- Psychotropic in past 24 hrs
- Antibiotic in past 24 hrs
- Pain/narcotic med use in past 8 hrs
- New med started in past week \_\_\_\_\_

Could fall be related to any of the above? (if yes, explain) \_\_\_\_\_

**Acute diagnosis related to fall** (RN/LPN)

- UTI
- Respiratory infection
- Significant wt loss
- Other \_\_\_\_\_

**Chronic diagnosis related to fall** (RN/LPN)

- CVA
- Arthritis
- Dementia/Confusion
- COPD
- Urinary urgency
- Parkinson's
- Seizures
- Other \_\_\_\_\_

**Abnormal labs in past 6 weeks** (RN/LPN)

- BUN
- Blood sugar
- Lytes
- CBC
- C+S
- Other \_\_\_\_\_

**Prior to fall what interventions were in place** (ALL STAFF)

- Reclining chair
- Alzheimer's chair
- Parameter mattress
- W/C tray table
- Low bed
- Floor mat
- Lap buddy
- 1/4 rail
- Chair alarm
- Velcro belt
- 1/2 rail
- Bed alarm
- Dycem
- Grab bar
- Gripper socks
- Merry walker
- Body pillow
- Non skid strips
- Other: \_\_\_\_\_

If care planned for and not used, give reason why not: \_\_\_\_\_

**Witnessed/Unwitnessed (ALL STAFF)**

Was fall witnessed? Y or N If yes, give details of fall: (balance, gait, cognitive, communication, behavior, mood changes): \_\_\_\_\_

Unwitnessed (ask resident what happened immediately): \_\_\_\_\_

Factors that may have attributed to fall: \_\_\_\_\_

Did they fall immediately after standing or did they take a few steps? \_\_\_\_\_

**Physical assessment of fall (RN/LPN)**

B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_ Resp \_\_\_\_\_

O2 Sat \_\_\_\_\_ Skin tear \_\_\_\_\_ Bruise \_\_\_\_\_ Abrasion \_\_\_\_\_

Other: \_\_\_\_\_

Ask resident if any pain: Y or N If yes, where: \_\_\_\_\_

Do ROM before attempting to move resident, did any pain occur during ROM of upper and lower extremities? Y or N If yes, where: \_\_\_\_\_

Check for rotation of feet/legs: Y or N If yes, Right or Left \_\_\_\_\_

First aide actions taken: \_\_\_\_\_

Actions implemented to decrease additional falls: \_\_\_\_\_

New approaches added to care plan? Y or N

Signature: \_\_\_\_\_ Date: \_\_\_\_\_