Fall Debriefing

Patient Name: ______  Date of Fall: ______  Time of Fall: ______: ______  Risk Master: ______

1. Name of Person(s) completing Fall form. This should at least include the nurse who cared for the patient at the time of the event. (type): ______

2. What was the assigned fall level BEFORE the fall?  □ Universal  □ Level 1  □ Level 2
   Was this level correct?  □ Yes  □ No

3. Was this patient fall level reassessed after the fall?  □ Yes  □ No

4. Were all REQUIRED fall precautions for this level in place at the time of the fall?  □ Yes  □ No, why not (type): ______

5. Did this patient have a change in condition/situation/treatment prior to this fall that should have prompted a fall risk reassessment?  □ Yes  □ No

6. What was the patient doing at the time of fall (if on occurrence, this is provided for you) (type): ______

7. What did the patient say caused the fall (e.g. tripped, slid, dizzy, weak)? (type): ______

8. Indicate ALL injuries sustained/treatment rendered. (If an injury was noted on the occurrence report/radiology report, it has been already marked for you. Address any additional injuries.)
   Injury assessment must include a 24-hour post-fall reassessment for injury. If the patient is discharged within 24 hours of the fall, determine injury level at the time of discharge.

   Check ALL that apply:
   □ No Injury
   □ Death
   □ Other:
   □ Abrasion
   □ Contusion/bruise
   □ Cleaning of a wound
   □ Dressing applied
   □ Elevation
   □ Ice applied
   □ Pain
   □ Skin tear
   □ Topical medication
   □ Suturing
   □ Steri-strips
   □ Skin glue
   □ Splinting
   □ Strain-muscle/joint
   □ Blood products (coagulopathy patients)
   □ Casting
   □ Fracture (internal e.g. hip, rib)
   □ Injury Internal (liver laceration, cardiac contusion)
   □ Neuro consult (including but not limited to basilar skull fx; subdural hematoma)
   □ Surgery
   □ Traction

9. Identify ALL fall Potentials:
   Patient Related
   □ Age >65
   □ Alzheimer’s/Dementia
   □ Bed Rest
   □ Dehydration
   □ Cognitively impaired/confused/ poor memory
   □ Diarrhea
   □ Dizziness/lightheadedness
   □ Fall in past 12 months
   □ Frequency/Incontinence/Urgency
   □ Hearing Issues (including corrected)
   □ Impulsive
   □ Orthostatic Hypotension
   □ Stubborn/non-compliant
   □ Unsteady gait- with or without devices
   □ Use of assistive devices
   □ Vision Issues (including corrected)
   □ Weakness
   □ Other:
   □ Yes (explain):
   □ No

   Medical Condition Related
   □ Antihypertensive (new)
   □ Antipsychotic
   □ Chemotherapy
   □ Diuretics (prior or new)
   □ Hypoglycemics
   □ Laxatives/enemas
   □ Pain meds/Narcotics/opiates
   □ Sedatives/Hypnotics
   □ Seizures/Seizure Medication
   □ Sleepimg pill
   □ TCA
   □ Other:

   Medication (2 hours prior)
   □ BSC
   □ Clothing
   □ Exit Alarm
   □ Floor Mats
   □ Foley
   □ NG tube
   □ No hospital slippers
   □ Oxygen
   □ Restrains

   Environmental Issues
   □ SCD
   □ Ted Hose
   □ Visibility
   □ Air Mattress
   □ Other:
   □ Other:
   □ Other:
10. Was elimination involved (read all options before answering - Check ALL that apply): □ Not elimination related

- [ ] On way to BR
- [ ] In bathroom
- [ ] On way back from BR
- [ ] Body fluids on floor (urine, feces, emesis)
- [ ] Dizzy/lightheaded
- [ ] Vomiting
- [ ] Incontinence but not leaking on floor
- [ ] Visibility was an issue
- [ ] Weakness
- [ ] Fell reaching for pants/paper/call light
- [ ] Urgency
- [ ] Other:

11. Was post falls response team (PFRT) activated? □ Yes □ No, why not (type): ______

12. Was the family notified of the incident? □ Yes □ No, why not (type): ______

13. Could this fall have been prevented? □ Yes, How (type)? ______ □ No

14. Please address the following questions that arose from review of the Risk Master report:
   
   a. Response (type): ______
   
   b. Response (type): ______
   
   c. Response (type): ______
   
   d. Response (type): ______

15. Any additional details about the fall/recommendations/Corrective action (type)? ______

Please return form to Veronica Findley (Care Management Office) (email to findleyvl@upmc.edu or fax 412-784-4178)