

POST-FALL HUDDLE

Resident name: Resident A D.O.B.: 01/23/1926

Date: 04/08/2021 Time: 8:30PM Fall location: In room 101

Fall witnessed Yes / No Witness (es): No

Injury: Yes / No Describe injury: No injury noted

Pre-fall risk score: 90 High Post-fall risk score: 90 High

Check all that apply for pre-precautions taken and post-precautions taken:

Pre	Post	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High Fall risk signage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fall risk present on communication board
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Instructed to call for help
	<input checked="" type="checkbox"/>	Night light or bathroom light on
	<input checked="" type="checkbox"/>	All items within reach (water, phone, call light)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Care plan up to date with fall risk information
	<input checked="" type="checkbox"/>	Rounding done/toileting offered per policy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bed in low position
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Was staff made aware of fall risk during report

Select any condition that contributed to the fall

<input type="checkbox"/> Floor wet	<input checked="" type="checkbox"/> Clothing tangled <input checked="" type="checkbox"/> Bed sheet tangled	<input type="checkbox"/> Improper bed height
<input checked="" type="checkbox"/> Poor lighting	<input checked="" type="checkbox"/> Altered gait or balance	<input type="checkbox"/> W/C or bed unlocked
<input type="checkbox"/> Clutter on floor	<input type="checkbox"/> Call light not working	<input checked="" type="checkbox"/> Needed to void/incontinent
<input checked="" type="checkbox"/> Call light out of reach	<input type="checkbox"/> Improper use of assist device	<input type="checkbox"/> Faint/dizzy/weak/fatigue
<input checked="" type="checkbox"/> Walker out of reach	<input checked="" type="checkbox"/> Reaching for items	<input type="checkbox"/> New/change in medications
<input type="checkbox"/> W/C footrests in the way	<input type="checkbox"/> Clothing too long	<input type="checkbox"/> Agitation
<input type="checkbox"/> Transitioning to commode	<input type="checkbox"/> BSC improper height	<input type="checkbox"/> Grab bars unavailable

Team Lead RN
Team Leader

04/08/2021 9:10 pm
Date and Time

Indicate those participating in the post-fall huddle:

MD/DO	
RN	Team lead RN
CNA	Team member CNA
APRN	
Pharmacy	
Quality	
Family/Resident	Resident A
PT/OT	
Other	

Task List Post Fall:

✓	Physician notified
✓	Family notified
✓	Implement fall precaution if not already done
	Notify Administrator On-Call for any death related to fall
✓	Revise plan of care if needed
✓	Orders written if received
✓	Complete incident report
	Implement fall protocol if not already in place
✓	Document findings in medical record (VS, Neuro, fall reassess, etc)

Comments:

Observations of the resident reported by RN/CNA:

- Resident was lying on her right side, close to the right side of the bed on the floor, right foot tangled in the sheet
- Walker tipped over on the floor
- CNA and RN assisted the patient to a standing position with the use of the lift
- Resident assessment completed by RN, documented, no injury assessed
- RN notified MD, orders received and documented in the medical record
- The resident stated she needed to go to the bathroom and was unable to reach the call-light
- Resident stated she was reaching for the walker and lost her balance but stated she did not experience any dizziness or light-headedness
- CNA reported a 6:45pm toileting check, at which time the resident denied the need to void, stated she was going to sleep and asked CNA to turn off the lights.
- CNA reported that she was assisting another resident with personal care and was late with hourly toileting rounds on Resident A.
- RN states that staffing ratio had decreased due to a call-in
- RN notified Resident's A son of the fall and documented the discussion in the medical record.

PFH analysis:

- poor room lighting
- call light not within reach
- placement of walker too far from the bed
- late rounding- understaffing
- sheet loose and long on bed

Care plan updates based on immediate PFH:

- Ensure placement of the walker within the resident's reach
- Reeducated the resident regarding use of call light
- Ensure bed linen is secure and not a trip hazard
- Reinforce- Policy states that a bathroom night light is on at all times
- Reassess resident per facility policy
- Update Fall Risk Score
- The RN to report fall event, patient assessment, post fall huddle results, and change in care plan to oncoming RN/staff.

Team Lead RN

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