**Post Fall Huddle Form**

Nurse Reviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Patient Name/RM#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff involved: Charge:\_\_\_\_\_\_\_\_\_\_\_ Primary Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNA assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others on unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Questions** | **Give time for staff/Patient to answer in own words.** | **What lesson did we learn?** | **How to improve to prevent from happening again?** |
| **Why did patient fall?** (ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse’s station. |  |  |  |
| **If injured: what was the injury and cause of it?**(ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse’s station. |  |  |  |
| **What safety measures were in place prior to the fall?** |  |  |  |
| **What other safety measures can we put in place?**(ask patient in room w/ staff. Acknowledge patient response/reassure of safety measures/educate). Also, ask same questions to staff at nurse’s station. |  |  |  |
| **Moving forward what will we do differently for this patient and others?** |  |  |  |
|  **In the future how can it be prevented?** |  |  |  |

Safety Measures that ALL Mod/High fall risk patients should have additionally to our standard hospital ones:

\*Morse score or fall risk status on white board \*ability to transfer on white board \*Non-slip socks on all patients

\*Bed/chair alarm plugged into call light \*Yellow light outside door \*Gaitbelt used/hook in room \*staff in BR w/ patient