## INPATIENT POSTFALL ASSESSMENT FORM

**Patient’s name:** ____________________________

**Ward:** ____________________________

**SP No:** ____________________________

**Assessment by:** ____________________________

**Date of assessment:** __________________

### 1. PATIENT/ WITNESS DESCRIPTION OF FALL

**Name of the witness (if history taken from witness):**

___________________________

**Relation to this patient:** ____________________________

1.1 Can you remember anything about your fall?

- Yes
- No

1.2 Did anyone witness the fall?

- Yes, by: ____________________________
- No or don’t know

1.3 Anybody accompany you in the ward?

- Yes
- No

1.4 Anybody assist you while ambulate?

- Yes: by: ____________________________
- No

1.5 Did anybody give you orientation/instruction on precaution to avoid fall?

- Yes
- No

1.6 Do you understand the orientation/instruction?

- Yes
- No

1.7 Where did you fall?

- Bathroom
- Toilet
- Bedside
- Hallway
- Nurse station
- Others: specify: ____________

1.8 What where you doing at the time of the fall?

- Don’t remember
- "Rolled out of bed"
- Trying to reach/pick-up something
- Trying to get in/out of bed to go to toilet/commode
- Trying to get in/out of bed for other reason
- Trying to get in/out of chair
- Trying to get on/off bedside commode/toilet
- Trying to use sink, shower, chair or toilet/commode
- Trying to dress/undress
- Trying to get out of bed but don’t know how to release the bedrail
- Others, describe: __________________

1.9 Why do you think you fell?

- Don’t know, can’t remember
- I had a recent lower extremity amputation
- Slipped, tripped
- Got lightheaded, dizzy or “blacked out”
- Arms or legs got weak
- Tried to sit, but missed
- I lost my balance
- “Got tangled up” with IV, tubing, clothes, etc
- Bed or chair not locked
- Accidentally/intentionally slide out of bed despite bedrail was pulled up.
- seizures
- Others, describe: __________________

### 2. NURSE INTERVIEW (Nurse assigned to patient)

- **Position:** JM/ SN
- **Duration of service:** ____________
- **Education level:** __________________
- **Total number of patients in ward:** _____
- **Total ventilated patient in ward:** _____
- **Total number of staff during working shift:** _______
- **Ward orientation to this patient was given by:** __________________
- **MFS done? Y / N if yes, date:** ___________
- **Patient’s BMI:** __________________

2.1 How did you find out that this patient fell?

- I saw the patient
- Alarm went off
- Patient/witness called
- Heard noise/ found patient on floor
- Others, describe: __________________

2.2 What was the patient doing at time of fall?

- Don’t know
- “Rolled out of bed”
- Trying to get in/out of chair
- Trying to get in/out of bed to go to the bathroom/commode
- Trying to reach/pick up something
- Trying to get in/out of bed for another reason
- Trying to get on/off toilet/bedside commode (BSC)
- Trying to use the bedside sink, shower, toilet/BSC chair
- Trying to dress/undress
- Others, describe: __________________
2.3 Why do you think the patient fell/lost their balance?
- Don’t know
- Catastrophic event (e.g. stroke, arrhythmias, NOT postural hypotension)
- Arms or legs got weak
- Got lightheaded, dizzy or “blackled out”
- Seizures
- Tried to sit but missed
- Secondary gain (eg. Seeking attention)
- Related to recent amputation
- “got tangled up” in equipment
- Low blood sugar
- Low/h high blood pressure
- Slipped or tripped
- Lost balance
- Medications
- Bed, chair not locked
- Patient accidentally/intentionally slide out of bed despite bedrail was pulled up.
- Others, describe: __________________________

2.4 Prior to the patient’s fall, what was his/her activity level?
- Up ad lib (patient is able to do activity as He/she desired)
- Ambulate with assistance
- Bedrest
- Up in chair with assistance
- Other, describe: __________________________

2.5 Prior to fall, identify the walking aids patient had available in room (check all that apply):
- None
- Cane
- Walker/walking frame
- Wheelchair
- Leg prosthesis
- Others: ______________

2.6 Prior to fall, were fall prevention measures in place?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Falls precaution/instruction given</td>
<td></td>
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<tr>
<td>Fall alert identifier (sticker/tag)</td>
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<tr>
<td>Call bell in reach</td>
<td></td>
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<tr>
<td>Bed railing</td>
<td></td>
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<tr>
<td>Proper footwear</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

2.7 What connected IVs/tubes or immobilizers were present at the time of the fall?
- IV (central line, peripheral)
- Bladder catheter
- Gastrostomy or other feeding tube
- Pneumatic compression stockings
- Splint or cast
- Other: ______________

3. Any infrastructure/environment factors involve?
- Wet/slippery floor
- Poor lighting
- No bathroom handrail
- Bed/bed rail
- Mattress
- Bedside commode
- Assistive device
- Obstacle
- Others: ______________

4. Severity of injury:
- None
- Minor (pain, bruise, wound require dressing, medication)
- Moderate (requires suturing)
- Major (requires surgery, casting, traction, neurology consultation)
- Death

5. Other important information not covered on this form

CONTENT OF CONTRIBUTING FACTORS

1. Patient factor: health condition, severity of illness, medication taken, personality, language, communication, cultural or religious beliefs, social and family circumstance, stress, improper footwear
2. Task & Technology Factors: availability and adequate protocol, availability of specific equipment
3. Staff factor: competency, skill, experience, follow SOP, attitude, less motivated, fatigue, stress, mental impairment, relationship with patient, team and organization
4. Team factor: verbal communication between staff, patient, relative, inadequate hand over, misinterpretation of written communication, ineffective leader
5. Work and care environment: building maintenance, housekeeping, temperature, lighting, movement of patient, unavailability/malfunction/failure of equipment, under staff, ward overload, lack of training to staff
6. Management and Organizational: governance arrangement, policy, safety culture
7. External factor: perception, climate, MOH requirement, law.