Fall Analysis Form

Incident ID #:

Was patient identified as a fall risk on the admission nursing database?	Y	N	
Was fall risk protocol implemented and documented at time of admit?	Y	N	
Pt. not identified as fall risk at admission but prior to occurrence?	Y	N	NA
Fall risk protocol implemented and documented after admit/prior to fall?	Y	N	NA
If not previously identified as fall risk, is pt fall risk now?	Y	N	NA
Is fall risk protocol in place after the fall?	Y	N	NA
Any xrays or lab tests ordered as a result of the fall?	Y	N	

Results of xrays or lab tests were:

How long before patient fall was the last documented check on pt?

Fall related to incomplete or lack of nursing assessment on this shift?	Y	N	
Fall related to staff inattention or non-adherence to safety/treatment POC?	Y	N	
Were any environmental factors involved in this occurrence?	Y	N	

Please identify environmental factor:

Was fall related to patient mental / health status?	Y	N	
Was fall related to any surgical or medical intervention/procedure?	Y	N	
Could this fall have been medication related?	Y	N	
Were side rails up when fall occurred?	Y	N	NA

Please indicate medications by drug class administered within 4 hours prior to fall?

a. Antibiotics
b. Glucocorticoids/mineralocorticoids
c. Narcotic/Non-narcotic analgesics/narcotic antagonists
d. NSAIDS/Aspirin
e. Topical/Dermatological/Opthalmologic/Otic medications
f. Cardiac agents/Antihypertensives
g. Psychoactives[tranquilizers, antidepressants,antipsychotics]
h. Respiratory medications[include respiratory treatments]
I. Anticonvulsants
j. Insulin or Antihyperglycemic agents
k. Diuretics
l. Other:

Date of occurrence: Time of occurrence: Day of week of occurrence:

Activities/processes occuring at this time that could be factors in cause of the event:

Was staffing adequate according to grid: Y N

How many staff / mix?

Actions taken to resolve or prevent reoccurence:

Further recommendations/suggestions on preventing this type of error: