# **POST FALL “HUDDLE” SBAR**

Within 15-30 minutes of a fall, gather all pertinent members of the team (including patient/resident, and housekeeper) to complete the following questions and attach to occurrence report.

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| Situation |

##### When and where

Date and time of fall: \_\_\_\_\_\_\_\_\_ Location (Department/unit): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staffing:

* Staffed according to standard
* Shift not staffed by standard. Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Some staff unavailable due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., breaks, emergency on unit, shift change)

Where did the fall occur?

|  |  |
| --- | --- |
| * Patient Room | * Patient bathroom |
| * Hallway | * Other: |

What do we think this person was doing at the time of the fall?

* Getting up on own
* Trying to get to the bathroom
* Trying to get (where)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reaching for something
* Leaning on something
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the patient last seen? \_\_\_\_\_\_\_\_\_\_\_\_ What was the patient doing when last seen?

**Ask the patient: “What happened this time *that was different* from all the other times you have done this activity before?**

Date/Time of most recent fall risk assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of fall risk scale? \_\_\_\_Morse \_\_\_\_ Humpty-Dumpty™ \_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall Risk Assessment score: \_\_\_\_\_\_\_\_\_\_ Risk Level: \_\_\_\_Low \_\_\_\_\_Medium \_\_\_\_\_\_High

Had the appropriate fall risk precautions been implemented based on the fall risk score? \_\_\_\_Y \_\_\_\_N (explain):

*Environment Assessment (check any item that could played a role in the fall—check all that apply):*

* Item(s) out of patient’s reach. If checked, which item was out of reach:

|  |  |
| --- | --- |
| * Call light | * Phone |
| * Kleenex box | * Food tray |
| * Waste basket | * Assistive device (cane, walker, glasses, hearing aid) |
| Other: | |

* Trip hazards? If checked, what was the trip hazard:

|  |  |
| --- | --- |
| * Clothing/gown | * Hazardous footware (ill-fitting, slick, untied laces) |
| * Tubing/cord | * Obstructed path to bathroom |
| * Slippery floor | * Bed linens tangled around patient’s legs |
| Other: | |

* Equipment/Lighting. If checked, what was the hazard:

|  |  |
| --- | --- |
| * Dim lighting | * Bed not in lowest position |
| * Bed/chair alarm malfunction | * Other: |
| * Equipment malfunction or furniture in need of repair: | |
| * Restraints in place.   Why? | |

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| Background |

B. *Patient Fall risk factors (check all that apply):*

* Impaired mobility
* Impaired mentation
* Impaired / altered elimination patterns (nocturia, urgency, frequency, diarrhea, incontinence, laxative, bowel prep)
* Impaired communication / sensory (vision, hearing, neuropathy)
* Impaired vital signs (fever, slow or fast heart rate, low blood pressure)
* Prior fall history (at home, previous facility, or during this stay)
* Medication NOTE: If pertinent, attach copy of MAR for previous 12-hours

|  |  |
| --- | --- |
| * Anticonvulsant | * Anti-anxiety agent |
| * Psychotropic | * Hypnotic/Sleep aid |
| * Pain Medication | * Diruetic |
| * Notable medication change within the past 2 days | |
| Other: | |

* Diagnosis-related

|  |  |
| --- | --- |
| * Hypotension | * Hypoglycemia |
| * TIA/Syncope | * Parkinson’s |
| * History of CVA or paralysis | |
| * Orthopedic condition | |
| Other: | |
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| Assessment |

Vital Signs: T\_\_\_\_\_\_\_ P\_\_\_\_\_\_ R \_\_\_\_\_\_\_ B/P\_\_\_\_\_\_ Oxygen Sat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neurochecks if evidence/suspicion of head injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If diabetic, do glucometer. Result:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pain Level: \_\_\_\_\_\_\_\_\_ Describe any NEW onset pain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury (describe findings):

* None
* Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Recommendation |

What can we do to prevent this from happening again? Care plan recommendations:

|  |  |  |
| --- | --- | --- |
| * High-Fall Risk Precautions | * Clear path to BR | * Move to room closer to nurses’ station |
| * Hourly rounding | * Remove clutter | * Identify items pt wants near them |
| * Toileting plan | * Non-slip footwear | * Oxygen/IV tubing mgmt |
| * Alarm | * Hip protectors | * Patient/family education |
| * PT Eval | * Improved positioning | * Request family or sitters to stay with patient |
| * Pharmacy review of meds | * Other: | |
| * Other: | | |

**Names of individuals participating in the post-fall assessment:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Post-fall checklist

* **Notify physician**
* **Notify house supervisor**
* **Notify family per disclosure policy**
* **Assess patient for injury and document assessment findings in the**

**medical record**

* **Revise plan of care to include prevention strategies**

**based on HUDDLE findings**

* **Fill out occurrence report and attach this form (SBAR Huddle) to the**

**report & forward to the risk manager**