

Post Fall Huddle Investigation Worksheet

(Includes client found on floor, lowered to floor, etc.)

Resident/Client Name: _____ Date of fall _____ Rm # _____

SECTION I – Complete as soon as possible after fall

1. Ask the resident/client immediately after the fall: What were you doing? or trying to do?
2. When was the resident/client last observed prior to the fall? What were they doing and when?
3. What were any unusual activities or behaviors observed up to three hours prior to the fall?
4. When was the resident/client last toileted (includes change of incontinent product) prior to the fall?
5. Were alarms in use at the time of the fall? Was the alarm functioning properly?
6. Did the resident/client exhibit or complain of any of the following prior to the fall? (check all that apply and document in progress notes of clinical record)
 - a. _____ New illness or infection
 - b. _____ Change in mental function or behavior
 - c. _____ Change in vital signs
 - d. _____ Change in vision
 - e. _____ Dizziness or lightheadedness
 - f. _____ Discomfort/pain (describe the location)
 - g. _____ Nausea/vomiting
 - h. _____ Seizure activity
 - i. _____ Ringing in ears
 - j. _____ Tripping
 - k. _____ None of the above
 - l. _____ Other
7. Were environmental factors an issue? If so, list:
8. If fall was related to staff transfer, were there any concerns with transfer technique?
 - a. _____ No
 - b. _____ Yes. If yes, explain:
9. Were immediate interventions needed? If so, what?
10. Any other comments?

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Sketch of the Incident Scene:

SECTION II – Complete evaluation within one business day of fall

11. Based on the information gathered at the time of the incident, is there a need for: (check all that apply)

- a. _____ Review the use of lifts, gait belt and transfer techniques with staff members?
- b. _____ Physical Therapy screen?
- c. _____ Occupational Therapy screen?
- d. _____ Pharmacy review of medications?
- e. _____ Referral to psychologist?
- f. _____ Adaptations to environment?
- g. _____ Vision consult?
- h. _____ Updates to the resident plan of care?
- i. _____ Updates to the fall risk assessment

12. Was there failure to follow the resident's plan of care? If yes, explain:

13. Is this fall reportable to Common Entry Point (CEP)/Office of Health Facility Complaints (OHFC)?

No _____ Yes _____ Date and time submitted: _____

Signature of person completing report: _____ Date: _____

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