HOSPITAL AUTHORITY
QUEEN ELIZABETH HOSPITAL
NURSING CARE PLAN – PATIENT AT RISK FOR FALL

Please Use Block Letter or Affix Label

Hospital No.:..........................

Name:..........................

I.D. No.:.............. Sex:.............. Age:..............

Dept.:.............. Team:.............. Ward/Bed:..............

(06/03)

Potential for injury related to:

Diagnosis
- ☐ CVA
- ☐ DM
- ☐ Hypertension
- ☐ Heart disease
- ☐ Arthritis
- ☐ Lower limbs injury
- ☐ Substance abuse
- ☐ ____________

Sign / Symptom
- ☐ Altered mental status
- ☐ Syncope / dizziness
- ☐ Medication causing dizziness
- ☐ History of fall
- ☐ Decreased mobility
- ☐ Hearing / visual deficit
- ☐ Generalized weakness
- ☐ ____________

		Date/Time										
1	History of Fall	No=0 Yes=25										
2	Secondary Diagnosis	No=0 Yes=15										
3	Ambulatory Aid	None / bedrest / nurse assist=0 Crutches / cane / walker=15 Furniture=30										
4	Intravenous Therapy / Heparin Lock	No=0 Yes=20										
5	Gait	Normal / bedrest / wheelchair=0 Weak=10 Impaired=20										
6	Mental Status	Oriented to own ability=0 Overestimates / forgets limitation=15										
		Total Score / Nurse Signature										

Goal(s) (with time frame)	Interventions	Initiation Date_______	Evaluation Date_______	Initiation Date_______	Evaluation Date_______
☐ 1 Patient will be prevented from fall during hospitalization.	1. Explain reasons for preventive measures to patient / relatives to gain cooperation.	1. ☐	________	1. ☐	________
	2. Reassure and educate patient to rise slowly and carefully, and seek assistance whenever necessary.	2. ☐	________	2. ☐	________
	3. Reassess fall risk on ____________________.	3. ☐	________	3. ☐	________
☐ 2	4. Perform frequent observation at ________ interval.	4. ☐	________	4. ☐	________
	5. Allocate to bed / room for easy observation.	5. ☐	________	5. ☐	________
	6. Aid access to toilet				
	6.1 Allocate to bed / room nearly toilet facilities .	6.1 ☐		6.1 ☐	
	6.2 Provide commode / bedpan / urinal at bedside.	6.2 ☐		6.2 ☐	
	6.3 Provide assistance in toileting at _____ interval/prn.	6.3 ☐	________	6.3 ☐	________
☐ 3.	7. Adjust bed level according to patient's activities.	7. ☐	________	7. ☐	________
	8. Provide call bell within reach and answer promptly.	8. ☐	________	8. ☐	________
	9. Check clothing and footwears are of appropriate size and non-skid.	9. ☐	________	9. ☐	________
	10. Review medication regimen.	10. ☐	________	10. ☐	________
	11. Alert other staff by:				
	11.1 Reporting at shift to shift.	11.1 ☐		11.1 ☐	
	11.2 Labeling at patient's bed.	11.2 ☐		11.2 ☐	
	11.3 Flagging patient's chart board.	11.3 ☐	________	11.3 ☐	________
	12. ______________________	12. ☐	________	12. ☐	________
	13. ______________________	13. ☐	________	13. ☐	________
	Nurse Signature:	_______	________	_______	________