**DUHS Post-Fall Huddle**

### Action Plan

**Inpatient Only**

<table>
<thead>
<tr>
<th>Date of Admission</th>
<th>Diagnosis</th>
<th>Previous fall this admission</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Fall from bed or chair?</th>
<th>No</th>
<th>Yes (continue)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Alarm in use at time of fall?</th>
<th>Not applicable (per policy)</th>
<th>Not at time of fall</th>
<th>Chair</th>
<th>Bed</th>
<th>Other:</th>
</tr>
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<table>
<thead>
<tr>
<th>Was the bundle in place?</th>
<th>No</th>
<th>Yes</th>
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<table>
<thead>
<tr>
<th>Time of the last hourly rounding</th>
<th>or N/A</th>
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<tr>
<th>Was patient using a mobility device/aide?</th>
<th>N/A</th>
<th>No</th>
<th>Yes</th>
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### Fall Precautions

- Was the patient identified as High Falls Risk prior to the fall? No Yes
- List falls precautions NOT in place at the time of the fall that should have been.
- All appropriate precautions applied

### Contributing Factors

- Patient-related:
  - Equipment/Supplies (bed/chair alarm, call bell malfunction)
  - Medications (new/changes, opioids, benzodiazepines, diuretics, sedatives, anti-hypertensive)
  - Physiological (vertigo/dizziness, orthostatic hypotension, blood sugar changes)
  - Behavioral (agitated, impulsive)
  - Cognitive impairment (dementia, TBI)
  - Sensory impairment (vision, hearing, balance)
  - Assessment (incomplete, inaccurate)
  - Environmental (wet floor, poor lighting, trip hazards)

### Inpatient Only

<table>
<thead>
<tr>
<th>Last BMAT score:</th>
<th>Time:</th>
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### Action Plan (write on back of form, if needed)

1. What could have been done to prevent this fall?
2. What will be done to prevent patient from falling again?
3. How can we prevent this from happening to other patients?

### Staffing

- Unit Census: 
- RN Ratio (pts:RN): 
- NA Ratio (pts:NA or MCA): 
- IP Sitter: Y / N / Requested

### Staff Checklist

- Reference policy: “Falls: Management, Assessment, Intervention, Reporting”
- Notify OA
- Notify provider
- Document significant event in Maestro Care (flowsheet row and note type)
- Complete SRS
- Send copy of completed huddle form to Duke Moves facility coordinator
- Give original completed huddle form to unit leadership

### Manager/Champion Checklist

- Review SRS #
- Verify & correct the accuracy & completeness of event report (event location, immediate actions, contributing factors, expert review notes, manager/champion comments entered as appropriate)
- Enter results of testing/imaging related to suspected injury; correct injury level, if appropriate

**Patient Label**

- or-

**Visitor**

- or-

**MRN**

- or-

**Age**

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DRAH (direct contact preferred), fax: 954-3136

DRH (scan preferred), fax: 470-7438

DUH (scan preferred), fax: 613-2396

Revised 11/2018