

Example: Falls Debriefing and Action Plan from St. Joseph's Healthcare Hamilton (Ontario, Canada)



- Charlton Campus
- King Campus
- West 5th Campus

FALLS DEBRIEFING AND ACTION PLAN

Initial all boxes and entries

Date: _____ Time: _____ Patient Identifier: _____ Team: _____
(yyyy/mm/dd) (hh:mm)

Environmental Contributors (eg. Lighting, footwear, slippery surfaces, furniture, patient action, etc.)

Contributors	Action Plan	Comments	Initials

Contributing age related changes (eg. Gait, balance, vision, postural sway, muscle strength, reaction time, cognitive impairment, poor judgement)

Contributors	Action Plan	Comments	Initials

Medical Contributors (eg. Seizure activity, Parkinson's, stroke, dementia, recent surgery, postural hypotension)

Contributors	Action Plan	Comments	Initials

Medication Contributors (eg. Sedatives, hypnotics, benzodiazepines, neuroleptics, antidepressants, diuretics, antihypertensives)

Contributors	Action Plan	Comments	Initials

Does the patient have a history of unsteady gait? Yes No
 Was the level of supervision required marked clearly on the gait aid? Yes No
 If No, indicate future action:

Printed Name: _____ Signature: _____ Initials: _____ Discipline: _____
 Printed Name: _____ Signature: _____ Initials: _____ Discipline: _____
 Printed Name: _____ Signature: _____ Initials: _____ Discipline: _____

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Is the appropriate transfer technique identified on the patient's whiteboard? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate future action: _____ _____ _____
Does the patient experience urinary urgency or incontinence? <input type="checkbox"/> Yes <input type="checkbox"/> No If this is a contributor, how will it be addressed/monitored? _____
What has Pharmacy done? _____
What has PT done? _____
What has MD done? _____
What has Nursing done? _____
What has OT done? _____
Changes to plan of care? _____

Completed By: _____

Staff Present for debrief: _____

Printed Name: _____ Signature: _____ Initials: _____ Discipline: _____

Printed Name: _____ Signature: _____ Initials: _____ Discipline: _____

Printed Name: _____ Signature: _____ Initials: _____ Discipline: _____

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