

Patient Name: _____ Patient Chart# or ID# _____ Date of fall: _____
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Definition of a fall: An unintentional change in position resulting in coming to rest on the ground or at a lower level

Circle or enter the appropriate response		
1. Did the fall occur during the first 30 days of care?	YES	NO
2. Was fall was witnessed by a home care worker?	YES	NO
3. Was the patient identified at-risk at start of care on the MAHC risk assessment form? (having scored 4 or more)	YES	NO
a.) Was cognitive impairment one of the risk factors cited?	YES	NO
4. Medications	YES	NO
a.) Were there any medication changes within two weeks of the fall?		
b.) Number of prescription medications the patient is taking		
c.) The number of prescription <u>pain</u> medications the patient is taking		
5. Was physical therapy ordered and had it begun at the time of the fall?	YES	NO
6. Was nursing care ordered at the time of the fall?	YES	NO
7. Was there an injury requiring emergent care?	YES	NO
<ul style="list-style-type: none"> ▪ Hospital emergency room (includes 23-hour holding); ▪ Doctor's office emergency visit/house call; ▪ Outpatient department/clinic emergency (includes urgent center sites). 		
a.) If yes, was the injury a hip fracture?	YES	NO

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