POST FALL MONITORING

Individual's Name:	Agency:					
<u>Provide a description of the fall:</u> When did it happen? Date:	Time:					
Where did it happen?						

What were they doing when they fell?

Immediately Post Fall	ntely after the individual is stabil <u>1 Hour Post Fall</u>		-
Redness	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (<u>2 Hours Post Fall</u> Redness	-
Obvious deformity of limb(s)	Obvious deformity of limb(s)	Obvious deformity of	
D1		limb(s)	
Bleeding	Bleeding	Bleeding	
Pain	Pain	Pain	
Confusion	Confusion	Confusion	
Loss of balance	Loss of balance	Loss of balance	
Swelling	Swelling	Swelling	
Vomiting	Vomiting	Vomiting	
Loss of Consciousness	Loss of Consciousness	Loss of Consciousness	
Limping	Limping	Limping	
Sleepy	Sleepy	Sleepy	
Bruising	Bruising	Bruising	
Cut(s) / Where	Cut(s) / Where	Cut(s) / Where	
Scrape(s) / Where	Scrape(s) / Where	Scrape(s) / Where	
Unable to use limb(s) due to injury	Unable to use limb(s) due to injury	Unable to use limb(s) due to injury	
Altered gait (walking funny)	Altered gait (walking funny)	Altered gait (walking funny)	

The nurse must be notified immediately after the individual is stabilized

21

Individual Name:					
4 Hours Post Fall		6 Hours Post Fall		8 Hours Post Fall	
Redness		Redness		Redness	
Obvious deformity of		Obvious deformity of		Obvious deformity of	
limb(s)		limb(s)		limb(s)	
Bleeding		Bleeding		Bleeding	
Pain		Pain		Pain	
Confusion		Confusion		Confusion	
Loss of balance		Loss of balance		Loss of balance	
Swelling		Swelling		Swelling	
Vomiting		Vomiting		Vomiting	
Loss of Consciousness		Loss of Consciousness		Loss of Consciousness	
Limping		Limping		Limping	
Sleepy		Sleepy	_	01	
Bruising		Bruising		Sleepy	
Cut(s) / Where		Cut(s) / Where		Bruising	
Scrape(s) / Where				Cut(s) / Where	
Unable to use limb(s) due to		Scrape(s) / Where		Scrape(s) / Where	
injury		Unable to use limb(s) due to injury		Unable to use limb(s) due	
Altered gait (walking funny)		Altered gait (walking		to injury	
Serve (funny)		Altered gait (walking	
		runny)		funny)	

Post Fall Monitoring (continued)

Individual Name

10 Hours Post Fall		12 House Deat E. H			
Redness	_	<u>12 Hours Post Fall</u>		<u>14 Hours Post Fall</u>	
		Redness		Redness	
Obvious deformity of limb(s)		Obvious deformity of limb(s)		Obvious deformity of limb(s)	
Bleeding		Bleeding		Bleeding	
Pain		Pain		Pain	
Confusion		Confusion	10000		
Loss of balance				Confusion	
Swelling		Loss of balance		Loss of balance	
e e e e e e e e e e e e e e e e e e e		Swelling		Swelling	
Vomiting		Vomiting		Vomiting	
Loss of Consciousness		Loss of Consciousness		Loss of Consciousness	
Limping		Limping		Limping	
Sleepy		Sleepy			
Bruising	2000			Sleepy	
Cut(s) / Where		Bruising		Bruising	
		Cut(s) / Where		Cut(s) / Where	
Scrape(s) / Where		Scrape(s) / Where		Scrape(s) / Where	
Unable to use limb(s) due to		Unable to use limb(s) due to		Unable to use limb(s) due to	
injury		injury	-	injury	
Altered gait (walking funny)		Altered gait (walking funny)			
2 of 2	1770 J	San (waiking fullity)		Altered gait (walking funny)	