SAVE PRINT

POST FALL MONITORING

Individual's Name: _____ **Agency:** _____

Provide a description of the fall:

When did it happen? Date: _____ **Time:** _____

Where did it happen?

_____

What were they doing when they fell?

_____

_____

The nurse must be notified immediately after the individual is stabilized.

Immediately Post Fall		1 Hour Post Fall		2 Hours Post Fall	
Redness	☐	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	☐	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)	☐

1 of 2

SAVE PRINT

Post Fall Monitoring (continued)

Individual Name: _____

4 Hours Post Fall		6 Hours Post Fall		8 Hours Post Fall	
Redness	☐	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	☐	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)	☐

10 Hours Post Fall		12 Hours Post Fall		14 Hours Post Fall	
Redness	☐	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	☐	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)	☐