



**Queensland
Government**

Residential Care and Multipurpose Health Facility Falls Assessment and Management Plan

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Adult

Sex: ☐ M ☐ F ☐ I

- Initial when strategies are implemented
- Care plans never replace clinical judgement. Care outlined must be altered if not clinically appropriate for the individual care recipient
- **V** indicates a variance from clinical care and must be documented in the clinical notes

Falls Prevention Management Plan

All clinicians who initial are to sign signature log

Key ☐ Key ☐ Allied Health ☐ Medical ☐ Nursing ☐ Pharmacy

Category	Key	Date	Time
Communication	<ul style="list-style-type: none"> ▲ In partnership with care recipient and/or carer discuss falls risk factors, goals of care and develop falls prevention plan to prevent falls ◆ Instruct care recipient to call for assistance when getting out of bed/mobilising (if required/as appropriate) ■ Communicate care recipient's 'at risk' status at handover GP review of antiplatelet/anticoagulant medication for at risk care recipients Encourage adequate dietary intake, provide meal assistance if required 		
Environment/Equipment	<ul style="list-style-type: none"> ▲ Orientate to surroundings, routine and location of bathroom and toilet Ensure clutter free and safe environment (e.g. night time lighting) Ensure the chair and bed height/position are suitable for the care recipient's needs (i.e. the patient's feet need to be on the ground with the knees slightly below the hip) Apply brakes to bed, wheelchair and commode correctly Ensure use of bed rails are appropriate for care recipient's needs and appropriate height, if prescribed Keep buzzer in reach; educate care recipient on buzzer usage Keep care recipient's routine belongings within reach Keep care recipient's mobility aid well maintained and within reach if applicable Review care recipient footwear and/or foot problems 		
Observations	<ul style="list-style-type: none"> ▲ Ensure frequent rounding and surveillance Consider supervision during toileting/showering/mobilisation Ensure suitable toileting protocols are in place Implement Allied Health recommendations 		
Allied Health/Medical Review (e.g. MO, Physio, OT, Podiatry, Dietitian, Pharmacist)	<ul style="list-style-type: none"> ▲ ◆ Ⓟ ■ 		
Specific Care Recipient Centred Goal (e.g. prefers to wear closed in shoes when transferring/mobilising)	<ul style="list-style-type: none"> ▲ ◆ Ⓟ ■ 		
Other Care (specify)	<ul style="list-style-type: none"> ▲ 		

Signature Log

Initial	Print name	Designation	Signature	Initial	Print name	Designation	Signature