Fall Risk & Prevention Agreement Partnership for Patient Safety

Falls can occur in any age group, at any time, and most any place. While in the hospital, EVERYONE is at an increased risk for a fall. This happens because you are in a new, unfamiliar environment and medications, side effects of treatment, or your illness itself may make you unsteady on your feet.
We are here to help prevent you from having a fall during your hospitalization.

Our healthcare team has placed you at a_____Moderate risk for having a fall
_____High risk for having a fall

This is based on one or more of the following risk factors we have observed. These risk factors increase your chance of falling:

- Your age
- Medications you are taking
- A history of falls
- Difficulty getting to and from the bathroom
- Decreased ability to move
- Decreased mental awareness
- Hospital equipment

What YOU can do to help us keep you safe:

If you are at a HIGH risk for a fall, make sure to use your call bell to ask for assistance when you need to get up. Call before your need becomes urgent. Make sure to tell your care team when you are feeling weak, lightheaded, faint or dizzy.

Since most falls occur going to and from the bathroom, ask for help from a care team member if you are at a HIGH risk for a fall.
Speak with your nurse about your bathroom habits so that we can anticipate your needs. A member of your care team will round every hour to ask about your comfort, discuss safety measures, and address any personal needs you might have.

Store personal items you need within easy reach. When your care team member comes to your room for hourly rounds, they will help make sure your needed items (call light, phone, remote, snacks, water, book) are near you.

Wear your glasses and hearing aids. Ask for help from a care team member when you cannot see clearly in the room.

PATIENT NAME: _____

DATE OF BIRTH: _____

MR#: _____

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Do NOT ask your family members and friends to help you get out of the bed or chair. This could result in injury to both you and a loved one. We are here to help and would rather you ask for assistance from your care team member. If ordered by your doctor, use your cane or walker for support. Always use it and always keep it in reach. Do not walk without it.

Do NOT wear loose or flimsy shoes. Always wear non-skid socks or sturdy shoes, like tennis shoes.

If you are at a Moderate or High Risk for a fall we will:

- Make sure you are oriented to your room and surroundings.
- Make sure there is enough light in your room.
- Put your bed in a low, locked position and place a floor mat at your bedside while you are resting.
- Make rounds every hour to check on your pain, position in bed, any personal needs, and to make sure you have all your personal items within reach.
- Remind family and friends to ask for help from a care team member rather than helping you themselves.
- Use a bed or chair alarm.
- Review your medications.
- Keep your room uncluttered and your pathways clear.

If you are at a High Risk for a fall we will also:

- Remind you to use your call bell EVERY TIME you need to get out of bed for anything or need assistance in any way.
- Give you a yellow arm band to wear.
- Give you yellow non-skid socks to wear.
- Place a yellow sign on your door.
- Use a special belt to help you walk when you are out of bed.
- Use a wheelchair whenever you leave the floor.

I am at risk for falling because…

In your own words, please write down why you are or may be at risk for falling. I am at risk for falling because:

_____

_____

_____

I will prevent myself from falling by…

In your own words, please write down how you can and will prevent yourself from falling:

_____

_____

_____

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This agreement is a partnership between you and your healthcare team. During your hospitalization, we will discuss any changes to this agreement. By signing below, you are stating that you received and understand this information and will participate as a full partner in your safety by following these guidelines as discussed with your healthcare team.

Patient/Family Signature:_____ Time:_____ Date:_____

Nurse Signature:_____ Time:_____ Date:_____

Produced by the Patient Education Department. Reviewed by Patient & Family Advisors.
H. Lee Moffitt Cancer Center & Research Institute, an NCI Comprehensive Cancer Center – Tampa, FL. 1-888 MOFFITT

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