**University of New Mexico**  
**POST-FALL INTERDISCIPLINARY ASSESSMENT/HUDDLE TOOL**

**PART 1 – RN to complete this section (1 – 6)**

1. **Admitting Diagnosis(s):** 
   
2. **Date & Time of fall:** 
   
3. **Brief Description of fall:**  
   
4. **Location of patient when fell:** □ at bedside □ in bathroom □ in hallway □ other  
   
5. **Initial Nursing Assessment for Injury.** *All falls should be evaluated by a physician or nurse practitioner/PA. Generally patients should have this evaluation urgently. Patients who fall and have ALL of the following characteristics may be evaluated less urgently (answer should be YES to all 7 characteristics), but always within 24 hours:*  
   □ Yes □ No Witnessed or assisted fall  
   □ Yes □ No Patient did not hit head  
   □ Yes □ No Patient did not experienced loss of consciousness  
   □ Yes □ No Patient is alert  
   □ Yes □ No No obvious laceration  
   □ Yes □ No No obvious new extremity deformity  
   □ Yes □ No Patient does not complain of pain  

6. **Date & Time Provider notified of fall:** 

**PART 2 – Provider to complete this section (7-8)**

7. **Evaluation for consequences**  
   Date/Time of Provider Notified of fall  
   Signature of Provider  

   (Evaluate all of the following)  

   □ Yes □ No Laceration  *Assess need for closure*  
   □ Yes □ No Possibility of cervical spine injury (neck pain, new extremity numbness, diagnosis of rheumatoid arthritis)  *CONSIDER cervical collar and C-spine series*  
   □ Yes □ No Suggestion of rib fracture (chest wall pain, positive sternal compression test)  *CONSIDER CXR or rib series*  
   □ Yes □ No Suggestion of extremity fracture (decreased ROM, unable to bear weight)  *CONSIDER extremity x-ray*  
   □ Yes □ No Possibility of intracranial bleed (on anticoagulants, coagulopathy, thrombocytopenia, new focal neurological findings)  *CONSIDER neuro vital signs, CT of head*  

8. **Evaluation of fall prevention**  
   Date/Time of Provider Evaluation  
   Signature of Provider  

   (With nursing staff)  

   □ Review if patient suffered loss of consciousness and if so, consider telemetry  
   □ Review meds – consider stopping or decreasing sedatives, narcotics, anti-cholinergics  
   □ Review if patient has urinary catheter and whether it can be discontinued  
   □ Review if patient has SCDs (sequential compression device) and whether it can be discontinued  
   □ Review if patient is on telemetry and whether it can be discontinued  
   □ Review if patient has an IV, and whether it can be stopped or converted to a saline lock  
   □ Review if patient receiving PT/OT, if not, consider ordering PT evaluation