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 __________________

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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 (Evaluate all of the following)

Date/Time of Provider Notified of fall____________
Signature of Provider _________________________

□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*

PART 3 – Provider to complete this section

8. Evaluation of fall prevention ***(With nursing staff)***

Date/Time of Provider Evaluation ________________
Signature of Provider _________________________

□ ***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
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