Fall Prevention Checklist

Patient Identification	
Name	Bernie Dickenson
Date of Birth	08/22/1940
Room Number	12B
Patient ID Number	BD840822

Environmental Assessment		
Adequate Lighting	Sufficient lighting in room and hallways	☑
Non-Slip Flooring	Flooring is non-slippery	☑
Clear Pathways	Pathways free of obstacles	☑
Accessible Call Device	Call device within easy reach	☑
Safe Furniture Arrangement	Furniture stable and well-placed	☑
Physical Assessment		
Mobility Status	Requires walker for mobility	☑
Use of Assistive Devices	Walker used properly	☑
Medication Side Effects	No dizziness or drowsiness reported	☑
Vision and Hearing Check	Wears glasses, mild hearing loss	☑

Cognitive Assessment	Oriented, no signs of confusion	☑
Patient Education		
Fall Prevention Strategies	Informed about safe practices	☑
Use of Call Device	Understands how to use call device	☑
Importance of Footwear	Wears non-slip shoes	☑
Mobility Training	Received guidance on safe transfers	☑
Reporting Hazards	Willing to report safety risks	☑
Follow-Up Plan		
Regular Monitoring	Scheduled for daily assessments	☑
Care Plan Adjustments	Care plan updated for walker use	☑
Staff Communication	Team informed of mobility status	☑
Review with Patient/Family	Discussed plan with patient and daughter	☑
Documentation in Records	Findings recorded in medical records	☑

Doctor's Signature: _____

Doctor's Name: Dr. Emily Roberts_____

Date: 11/11/23_____