

**Policy 802-A**

**Los Angeles General Medical Center**

**Outpatient Falls Risk Screening Adult**

Any yes response to the following questions identifies a patient at risk for falls

Y  N Have you fallen within the last 30 days?

Y  N Do you need help with walking? (another person, use of cane/ walker/crutches)

Print Licensed Name/Signature \_\_\_\_\_

Date \_\_\_\_\_

<input type="checkbox"/> Y <input type="checkbox"/> N Falls Risk
--

**Falls Prevention Measures and Patient/Family Education Provided (Adult)**

- Fall alert armband in place
- Assistive device within reach
- Wheelchair provided
- Moved to allow closer nursing observation
- Instructed to call for assistance if needed
- Other \_\_\_\_\_
- Patient/Family education provided
- Fall risk determination
- General safety measures for fall prevention

Print Licensed Name/Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

MRN \_\_\_\_\_

DOB \_\_\_\_\_

FIN \_\_\_\_\_

**Outpatient Falls Risk Screening Pediatric**

Any yes response to the following questions identifies a patient at risk for falls

Y  N Does the child have developmental problems causing difficulty walking (eg, unsteady feet, uncoordinated, needs help from another person or walker/crutches)?

Y  N Has the child had dizziness or a seizure in the last 6months?

Print Licensed Name/Signature \_\_\_\_\_

<input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> <b>Falls Risk</b>
---

Date \_\_\_\_\_

**Falls Prevention Measures and Patient/Family Education Provided**

- Fall alert armband in place
- Assistive device within reach
- Wheelchair provided
- Moved to allow closer nursing observation
- Instructed to call for assistance if needed
- Other \_\_\_\_\_
- Patient/Family education provided
- Fall risk determination
- General safety measures for fall prevention

Print Licensed Name/Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

MRN \_\_\_\_\_

DOB \_\_\_\_\_

FIN \_\_\_\_\_