

RESIDENT FALL TRACKING LOG

DIRECTIONS: Each time a resident experiences a fall, enter the date and time of the fall at the top of the column. In that same column, check (✓) all of the items listed that may have contributed to that fall. Be sure to include items listed on the reverse. Summarize findings, make any conclusions drawn on related plans on the reverse, sign and date all entries.

Date						
Time						
INTERNAL RISK FACTORS						
Cardiovascular Dx						
Hx Hypotension						
Cognitive Deficit						
Vision Px						
New Fx						
Weight Loss						
Loss or ↓ ADL's						
Dehydration						
Hx. of Falls						
EXTERNAL RISK FACTORS						
Pacemaker						
Cane/Crutch						
Walker						
Meriwalker						
Restraints						
Antipsychotic						
Antianxiety						
Hypnotic						
Antidepressant						
Diuretic						
Cardiovascular						
Change in Med						
9+ Medications						
Poor Lighting						
Carpet/Rug						
Poorly Arranged Furniture						
Slippery Floors						
New Admit/Move						
Objects in Walkway						
Uneven Surfaces						
Time Since Meal						

SAMPLE

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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EXTERNAL RISK FACTOR (Cont'd.)												
RESIDENT ACTIVITY	Standing Still											
	Walking											
	Reaching											
	Near An Aggressive Resident											
	In A Crowd of People											
	Responding to Bowel/Bladder Urgency											
	Other:											
Nurse Initial <i>(Identify below)</i>												

SUMMARY/CONCLUSION/PLAN

SAMPLE

INIT	SIGNATURE	INIT	SIGNATURE	INIT	SIGNATURE

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