

PATIENT FALLS INCIDENT REPORTING

Definition of a fall – An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness (NICE 2004)

NHS number is essential to ensure duplication is avoided

PATIENT'S NAME				NHS Number									
Male / Female		Ethnic Group (circle)		White	Mixed Race	Chinese	Bangladeshi						
Age		Indian	Pakistani	Black Caribbean	Black African	Black Other	Other						
Location of Patient:					Admission-Date(ward) or Date Referred:								
Person completing form:		Name			Job Title and Team								
		Signature			Date reported								

Exact Location of Fall:			Date of Fall:	
			Time of Fall:	
Brief summary of what happened:				

Severity of Fall (please circle) Use Table 2 'Severity Levels' at end of this form for descriptions	NEGLIGIBLE	MINOR	MODERATE	MAJOR	CATASTROPHIC

CONTRIBUTING FACTORS		
Reporting Factors	Did you actually witness the fall?	YES / NO
	Were any staff with patient when fall occurred?	YES / NO
	Any additional comments on above factors:	
Environmental Factors	Buzzer / bell available to patient before fall?	YES / NO
	Was buzzer / bell in reach?	YES / NO
	Bed rails in use? (if fall from bed)	YES / NO
	Was bed set in lowest position? (if fall from bed)	YES / NO
	Was floor wet or dry?	WET / DRY
	Was footwear safe / suitable?	YES / NO
	Walking aid in use / in reach?	YES / NO
	Patient within view of nursing station?	YES / NO
Any additional comments on above factors:		
Patient Factors	On Admission	
	Was the patient assessed for falls risk on admission?	YES / NO
	Date assessment completed?	
	Did the patient have a Falls care plan?	YES / NO
	Any additional comments:	
	Mental State	
	Delirium	YES / NO
Dementia	YES / NO	
Agitation	YES / NO	

	Confusion	YES / NO
	Sedation	YES / NO
	Fear of falling	YES / NO
	Other (please comment):	
	History of Falls	
	Is this the first time the patient has fallen since admission?	YES / NO
	If NO please give details including dates:	
	Medication	
	Do any of the patient's medications cause drowsiness, impaired balance, sleep disturbance, confusion or changes to pulse or blood pressure?	YES / NO
	If YES give details:	
	Has the patient had a medication review?	YES / NO
	Has the prescribing clinician been asked to review the medication <i>since the fall</i> ?	YES / NO
	Patient Risk Factors Potentially Contributing to Fall (Was the patient suffering from any of the following at the time of the fall?)	
	Infection?	YES / NO
	Gait instability?	YES / NO
	Visual deficit / impairment?	YES / NO
	Lower limb muscle weakness?	YES / NO
	Orthostatic / postural hypotension?	YES / NO
	Syncope?	YES / NO
	Urinary incontinence or frequency?	YES / NO
	Poor sleep?	YES / NO
	Other (give details):	

Examination and Treatment of Patient Following Fall The patient should be examined, as soon as possible, by a doctor or medical practitioner. The examiner's comments should be recorded below.		
Examined by (name / job title):		
Date of examination:		Time of examination:
Type of injury (specific):		
Further treatment / tests:		

WARD MANAGER / FALLS CHAMPION TO COMPLETE NEXT SECTION

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TO BE COMPLETED BY WARD MANAGER OR FALLS CHAMPION:

ROOT CAUSE ANALYSIS (refer to Fish Bone Diagram)	
Patient Factors	
Task Factors	
Communication Factors	
Team Factors	
Staff Education and Training	
Equipment and Resources	
Environment	
Organisational Factors	
Individual Staffing Factors	
Additional Comments	

Risk of this happening again (please circle) <i>Use the risk grading tool below</i>	LOW	MODERATE	HIGH	EXTREME	
Using the factors you have identified above, what is the ACTION PLAN to reduce the risk of further falls for this patient?					
Has falls / fracture prevention information been given to this patient?	YES / NO	Date given:		Documented in notes?	YES / NO
Next of kin informed about this fall?	YES / NO	Date informed:			
Manager / Team Leader's Name:		Job Title:			
Signature:		Date:			
PLEASE RETURN COPIES OF THE COMPLETED FORM TO:					
1. The Clinical Quality and Patient Safety Manager, 1 st Floor, King Edward VII Hospital, Windsor, SL4 3DP					
2. The Falls Co-ordinator, address as above.					
3. Place a copy in the patient's notes.					

Risk Grading Tool

Risk scoring = severity (consequence) x likelihood

(Use the descriptions of SEVERITY in TABLE 2 to input the appropriate score into TABLE 1 – this will give you the risk score)

TABLE 1 – CALCULATING THE RISK SCORE					
SEVERITY (Consequence) __	LIKELIHOOD __				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5 (MODERATE)	10 (HIGH)	15 (EXTREME)	20 (EXTREME)	25 (EXTREME)
4 Major	4 (MODERATE)	8 (HIGH)	12 (HIGH)	16 (EXTREME)	20 (EXTREME)
3 Moderate	3 (LOW)	6 (MODERATE)	9 (HIGH)	12 (HIGH)	15 (EXTREME)
2 Minor	2 (LOW)	4 (MODERATE)	6 (MODERATE)	8 (HIGH)	10 (HIGH)
1 Negligible	1 (LOW)	2 (LOW)	3 (LOW)	4 (MODERATE)	5 (MODERATE)

Reference: NPSA Risk Matrix www.npsa.nhs.uk

TABLE 2 – SEVERITY LEVELS				
Descriptors to help calculate SEVERITY to input into Table 1 (the scoring table) above				
1	2	3	4	5
Negligible	Minor	Moderate	Major	Catastrophic
Where no harm came to the patient	Where the fall resulted in harm that required first aid, minor treatment, extra observation or medication	Where the fall resulted in harm that was likely to require out-patient treatment, admission to hospital, surgery or a longer stay in hospital i.e. skin laceration requiring suturing or fractured wrist	Where permanent harm, such as brain damage or disability was likely to result from the fall i.e. fractured neck of femur	Where death was the direct result of the fall