

# Fall Prevention Sign

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## **What is the fall prevention sign?**

It is a sign in your room that shows why you are at risk for falling while in the hospital and how we will work together to safely move you.

## **What's on the sign?**

The left hand side of the sign shows the risks you have for falling and what actions to take to address those risks. The right hand side shows what type of assistance you may need to move safely.

## **Does everything on the sign apply to me?**

No. Your nurse will mark the items that apply to you. Please speak up if you think something is not right or if you have questions.

## **What are “fall risk factors”?**

Fall risk factors are things that can make you more likely to fall while in the hospital:

### **Because you are hospitalized**

The hospital is an unfamiliar environment with different furniture and equipment to move around. Because you are sick and because of the different environment, you are at risk for falling simply by being in the hospital.

### **History of fall**

This means that you have fallen within the last 6 months.

**Balance/Gait**

You may be unsteady on your feet or unable to hold yourself upright for very long due to an illness, weakness, or medications. You might also need a walker or cane to move around.

**Elimination**

You may have to use the bathroom frequently or urgently due to an illness or medications you are taking.

**Cognition**

You may be confused or forgetful as a result of illness, a procedure, or medications you are taking.

**Sensory**

You may be hard of hearing or wear glasses. You might be light-headed or dizzy or you may have numbness or tingling in your hands or feet.

**Can my fall risk factors change?**

Yes. While you are in the hospital your fall risk factors may change. Your nurse will update the fall prevention sign when there is a change.

**Using the Sign:**

Please use the sign as a reminder of ways you can help us keep you safe.

Disclaimer: This document contains information and/or instructional materials developed by the Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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# The Fall Prevention Sign

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Your Fall Risk Factors:**

Because you are hospitalized

History of fall

Balance/Gait

Elimination

Cognition

Sensory

**Actions to Prevent Falls:**

Keep personal items and call light within reach, use non-skid footwear/socks

Proactive toileting schedule

Glasses/hearing aids

Do not leave me alone in the bathroom


Call for help before getting out of bed

Individualized: \_\_\_\_\_


University of Michigan Fall Prevention Committee / Nov. 2016

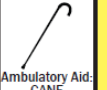
**Your Safe Mobility:**


**Does Not Bear Weight:**


 Full Body Lift  
Lift device required / consider lift team


**Bears Weight with Assistance:**


 GAIT BELT REQUIRED


 Ambulatory Aid: CANE

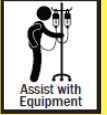
 Ambulatory Aid: CRUTCHES

 Ambulatory Aid: WALKER

 Stand/Pivot Aid

 Sit-Stand Aid with harness

 Out of bed with 1 assist

 Assist with Equipment

**Independent Without Devices**

The checked fall risk factors apply to you.

Follow the checked action steps to reduce your chance of falling. This applies to you, your visitors and hospital staff.

We will check 1 of 3 boxes (circled in red on left):

If red or yellow is checked, please call for help every time you need to get up.

If green is checked, you can get up on your own.

We will mark additional boxes within the yellow box when you need equipment or extra help.