15. PATIENT EDUCATION DOCUMENTATION PRESENT:
   Patient/S/0 informed of risk factors [ ] Yes [ ] No
   Patient/S/0 informed of safety plan [ ] Yes [ ] No
   Patient/S/0 informed of medications affecting mental status/elimination [ ] Yes [ ] No
   Patient S/0 informed about safety video [ ] Yes [ ] No

16. INJURY
   [ ] None [ ] Bruise/scrape [ ] laceration [ ] hematoma [ ] suspected bone injury
   Location: __________________________________________ [ ] X-Ray ordered
   [ ] IV, infiltration [ ] tubes/lines pulled out
   Specify ____________________________
   Other injury ________________________

17. NOTIFICATION OF FALL:
   [ ] MD [ ] Nursing Supervisor [ ] Family, S/O [ ] Risk Management
   [ ] Other ____________________________

SIGNATURE OF PERSON COMPLETING PART A: ____________________________ TITLE: ____________________________

[PART B] - TO BE COMPLETED BY NURSING SUPERVISOR

ADDITIONAL PERTINENT FACTS/COMMENTS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

INDIVIDUALS INVOLVED:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IMMEDIATE ACTION TAKEN FOR PATIENT:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WAS FALL PREVENTABLE? [ ] YES [ ] NO. IF YES, DESCRIBE CORRECTIVE ACTION TAKEN ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

RECOMMENDATIONS TO PREVENT FUTURE FALLS:
________________________________________________________________________
________________________________________________________________________

SIGNATURE OF PERSON COMPLETING PART B: ____________________________ TITLE: ____________________________