HEALTHCARE FALL PREVENTION TEMPLATE

Fall Prevention Checklist

Audit fall-risk assessment, individualized prevention plans, mobility, toileting, medication and clinical contributors, environment, handoffs, patient education, post-fall response, corrective actions, and trend review.

FACILITY / UNIT	DATE / SHIFT	AUDIT SCOPE	AUDITOR / REVIEWER

1. Program setup, patient population, risk-assessment process, ownership, and escalation criteria

1 Confirm the facility, unit or service, audit date and shift, auditor, nursing or clinical owner, fall-prevention lead, and escalation contacts.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Use a consistent assessment process.

2 Define the patient population and care settings included in the review, including inpatient rooms, observation areas, ambulatory spaces, bathrooms, diagnostic areas, and transfer routes as applicable.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Risk scores should not replace clinical judgment.

3 Verify the organization uses a consistent fall-risk assessment process appropriate to the patient population and that staff are trained to apply it reliably.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Review recent falls before sampling.

4 Confirm the fall-prevention process combines formal risk assessment with clinical judgment, patient-specific risk factors, injury risk, and the care setting rather than relying on a score alone.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Know the escalation pathway.

5 Review recent falls, falls with injury, near falls, repeat fallers, post-fall reviews, delayed reassessments, and overdue corrective actions relevant to the audited area.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Use non-identifying audit evidence.

6 Confirm staff know which fall-risk conditions require immediate assistance, closer observation, mobility restrictions, urgent clinical review, environmental correction, or escalation before normal activity continues.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Immediate risk is controlled before documentation is finished.

2. Initial fall-risk assessment, reassessment triggers, history, mobility, cognition, continence, and injury risk

7 Verify fall risk is assessed at the time points required by facility policy, such as admission, transfer, change in condition, post-procedure, medication change, or after a fall.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Reassess when the patient's condition changes.

8 Check the assessment includes relevant fall history, mobility or gait, balance, transfer ability, assistive-device use, cognition, delirium or confusion, continence or urgency, and functional status as applicable.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Fall history and functional status matter.

9 Confirm the assessment considers injury risk, including factors such as anticoagulation, osteoporosis or fragility, recent surgery, neurological condition, or other patient-specific factors defined by the organization.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Consider injury risk as well as fall risk.

10 Review patients with recent falls, near falls, dizziness, syncope, orthostatic symptoms, weakness, acute illness, or new functional decline for timely reassessment and clinical follow-up.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: New dizziness or syncope needs clinical follow-up.

11 Verify changes in medication, sedation, anesthesia, pain control, mobility status, cognition, lines or devices, toileting needs, or transfer destination trigger reassessment when required.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Medication and mobility changes can alter risk quickly.

12 Check reassessment results are visible to the care team and lead to changes in the prevention plan when the patient's risk profile changes.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Make reassessment visible to the whole team.

3. Individualized prevention plan, risk-factor matching, universal precautions, and care-plan execution

13 **Confirm each sampled patient has a fall-prevention plan that addresses the specific risk factors identified rather than applying the same intervention bundle to every patient.**

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: AHRQ Fall TIPS emphasizes assessment, a tailored plan, and consistent execution.

14 **Verify the plan includes the universal safety practices adopted by the organization and adds patient-specific interventions for mobility, toileting, cognition, medications, equipment, footwear, environment, or supervision as needed.**

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Match interventions to the actual risk factors.

15 **Check each identified fall risk factor has a corresponding intervention or documented clinical rationale when no specific intervention is selected.**

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Avoid a one-size-fits-all bundle.

16 **Confirm the prevention plan is practical for the patient's condition, dignity, independence, rehabilitation goals, and expected activity rather than creating unnecessary restriction.**

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Preserve dignity and mobility goals.

17 **Verify the plan is updated when interventions are ineffective, the patient's condition changes, the patient moves to another setting, or a fall or near fall occurs.**

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Update ineffective plans.

18 **Observe sampled care to confirm the documented fall-prevention plan is actually being followed by nursing, therapy, transport, support staff, and other involved team members.**

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Observe whether the plan is actually followed.

4. Mobility, transfers, gait, assistive devices, footwear, bed and chair setup, and activity support

19 Verify mobility and transfer assistance matches the patient's current assessed ability and the care plan, including the number of staff or equipment needed when defined.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Mobility assistance should match current ability.

20 Check walkers, canes, wheelchairs, transfer aids, patient lifts, gait belts where used, and other mobility equipment are available, appropriately selected, and in serviceable condition.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Keep assistive devices ready and serviceable.

21 Confirm bed height, chair position, brakes, transfer surfaces, bedside equipment, and frequently used items are arranged to support safe movement and patient-specific mobility needs.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Set beds and chairs for safe transfers.

22 Check footwear or nonslip foot coverings used for mobility are appropriate to the patient's needs and are not creating an additional trip or instability risk.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Footwear should help rather than hinder.

23 Verify patients who require assistance are supported during transfers, ambulation, toileting, bathing, diagnostic movement, and other high-risk activities according to the prevention plan.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Support high-risk movement consistently.

24 Escalate sudden weakness, unsafe gait, inability to transfer as planned, equipment failure, or another mobility change requiring immediate reassessment before further unsupported activity.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Reassess sudden mobility decline.

5. Toileting, continence, urgency, nighttime risk, call systems, rounding, and assistance availability

25 **Review whether toileting urgency, frequency, incontinence, bowel preparation, diuretics, mobility limitations, or other elimination needs contribute to the patient's fall risk.**

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Toileting is a common fall context.

26 **Confirm the care plan provides timely toileting assistance, scheduled rounding, bedside commode access, urinal access, or other patient-specific support when indicated.**

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Keep the call system reachable.

27 **Verify the call bell or assistance system is within reach, functional, and understood by the patient or caregiver when the patient is expected to request help.**

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Nighttime risk deserves specific planning.

28 **Check nighttime conditions such as reduced lighting, sleep disruption, sedating medicines, urgency, unfamiliar surroundings, and staffing workflow are considered in the prevention plan.**

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Response delays can drive unassisted movement.

29 **Observe whether staff response times, handoffs, competing tasks, or workflow barriers are contributing to patients attempting unassisted toileting or transfers.**

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Match rounding to patient need.

30 **Review repeat bathroom-related or nighttime falls and near falls for changes to toileting, supervision, equipment placement, rounding, lighting, or staffing controls.**

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Use repeat-fall data to improve toileting controls.

6. Medication, orthostatic symptoms, sedation, delirium, cognition, vision, hearing, and clinical contributors

31 Review patients at elevated fall risk for medicines that may contribute to dizziness, sedation, hypotension, confusion, impaired balance, or other fall-related effects when clinically appropriate.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Medication review is one part of fall prevention.

32 Confirm medication review is integrated into the fall-prevention process when a patient's risk changes, a fall occurs, or high-risk symptoms emerge, with pharmacy or prescriber input as appropriate.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: CDC STEADI highlights medicines, orthostatic risk, vision, and mobility as modifiable contributors in older adults.

33 Check patients with dizziness, syncope, postural symptoms, dehydration, acute illness, or blood-pressure concerns receive the clinical assessment and monitoring required by facility policy.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Acute confusion can change risk quickly.

34 Verify delirium, confusion, dementia, agitation, impulsivity, poor safety awareness, and other cognitive factors are recognized and incorporated into individualized supervision and communication strategies.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Use pharmacy or prescriber review when appropriate.

35 Check vision and hearing limitations, glasses or hearing-aid access, and communication needs are considered when they affect orientation, mobility, or safe use of the environment.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Support sensory needs.

36 Escalate acute neurological change, severe dizziness, recurrent syncope, over-sedation, new confusion, or other clinical deterioration that could make the existing fall plan unsafe.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Escalate new neurological or sedation concerns.

7. Environment, floors, lighting, clutter, cords, bathrooms, handrails, room layout, and equipment hazards

37 Inspect patient rooms, bathrooms, corridors, treatment areas, diagnostic routes, and common areas for spills, wet floors, clutter, loose cords, damaged flooring, uneven transitions, or other trip hazards.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: The environment should support the patient-specific plan.

38 Confirm floor hazards and leaks are corrected promptly or guarded and that walking surfaces are maintained clean, orderly, and as dry as feasible.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Control spills and leaks promptly.

39 Check lighting supports safe mobility during daytime and nighttime activity, including routes to bathrooms, call systems, bedside controls, and entrances.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Keep mobility routes clear.

40 Verify handrails, grab bars, bed rails where clinically appropriate, bathroom fixtures, chairs, transfer surfaces, and support equipment are secure and usable.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Lighting matters at night.

41 Check IV poles, pumps, tubing, drains, oxygen tubing, monitoring leads, furniture, mobile equipment, and personal items are arranged to reduce entanglement and obstruction risk.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Manage tubing and equipment placement.

42 Create immediate environmental corrective action when a patient-specific fall risk is increased by unsafe surfaces, broken equipment, poor lighting, blocked routes, or room layout.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Environmental defects need visible corrective ownership.

8. Communication, handoffs, bedside risk visibility, patient and family education, and multidisciplinary coordination

43 Verify fall risk factors and patient-specific interventions are communicated during shift handoff, transfer, transport, procedure handoff, and other changes in responsibility.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Fall risk must travel with the patient during handoffs.

44 Confirm bedside or electronic fall-risk communication tools used by the organization reflect the current patient-specific risks and prevention plan.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Keep bedside risk communication current.

45 Check the patient and family or caregiver, when appropriate, receive understandable education on why the patient is at risk and which actions can reduce that risk.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Education should explain the patient's specific risks.

46 Use teach-back, interpreter services, visual aids, accessible formats, or caregiver involvement when needed to confirm understanding of assistance, mobility, toileting, and call-for-help expectations.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Use teach-back when appropriate.

47 Verify nursing, therapy, pharmacy, medical staff, transporters, sitters, environmental services, and other relevant disciplines know the interventions that affect their work.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Include all disciplines that affect mobility and safety.

48 Review communication failures associated with falls or near falls and update handoff, bedside visibility, escalation, or interdisciplinary processes when gaps recur.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Fix communication processes when failures recur.

9. Post-fall response, injury assessment, clinical reassessment, huddle, documentation, and plan revision

49 After a fall, confirm the patient receives prompt clinical assessment for injury and deterioration according to the facility's post-fall protocol before routine movement or activity resumes.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Joint Commission recommends post-fall huddles and reassessment.

50 Verify post-fall reassessment includes the patient's current fall risk, injury risk, medication or physiological contributors, cognition, mobility, environment, and interventions in place at the time.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Assess injury and deterioration promptly.

51 Check a post-fall huddle or equivalent structured review is completed as soon as practical with staff involved and the patient when appropriate.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Review what happened and why.

52 Confirm the review identifies what happened, contributing factors, whether the prevention plan was followed, whether the plan was appropriate, and what must change immediately.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Change the plan immediately when needed.

53 Verify the event is documented and reported through the organization's required incident process, including injury status, immediate care, notifications, and new prevention actions.

CRITICAL | FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Report through the approved incident process.

54 Confirm revised fall-prevention interventions are communicated to the care team and remain in place until reassessment shows they should be changed or removed.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Communicate the revised plan across shifts.

10. Audit findings, corrective actions, trends, fall-with-injury review, training, and final sign-off

55 Record each fall-prevention audit finding with the process stage, location, risk level, immediate control, accountable owner, target date, and approved evidence without unnecessary patient identifiers.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Trend falls with injury as well as total falls.

56 Create corrective actions for missed assessments, weak individualized plans, mobility-equipment gaps, toileting delays, medication-review failures, environmental hazards, communication gaps, or post-fall review deficiencies.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Near falls can reveal weak controls before harm occurs.

57 Trend falls, falls with injury, repeat fallers, near falls, bathroom falls, nighttime falls, medication-related contributors, unit location, shift, and recurrence to identify improvement priorities.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Correct system problems, not just individual behavior.

58 Review whether injury-severity patterns or repeated contributing factors require additional prevention strategies, staffing changes, equipment investment, workflow redesign, or leadership attention.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Use objective closure evidence.

59 Refresh training when audits identify unreliable risk assessment, poor intervention matching, inconsistent handoff, weak post-fall review, or repeated failure to implement patient-specific plans.

CRITICAL FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Repeat gaps require training or process redesign.

60 Record the final audit result, immediate risks contained, open high-priority actions, next review date, fall-prevention lead, clinical owner, auditor, reviewer, date, time, and sign-off.

FALL RISK

Controls in place | Needs attention | Immediate risk | N/A

Execution tip: Final sign-off should show every remaining high-risk action.