



## Required Home Care Falls Prevention and Management Intervention Checklist

**Directions:** Initial and date each activity as completed and document in writing client specific interventions.

### Low and Medium Risk for Falls (Score of < 21)

1. \_\_\_\_ Review with client/family results of individual fall risk assessment.
2. \_\_\_\_ Provide and review universal fall prevention facts sheets: “*You Can Prevent Falls*” and “*12 Steps to Stair Safety at Home*”.
3. \_\_\_\_ Fall risk factors indentified and client specific education/care plan interventions/referrals recommended and developed with client/family (document in space provided below).
4. \_\_\_\_ Record falls risk assessment score in Procura HC assessment, section 5.39 and 5.40, client care plan and on the Nursing Service Request.
5. \_\_\_\_ Document recommended client specific fall prevention and management interventions (if any) in client care plan.
6. \_\_\_\_ Document in Interdisciplinary Progress Notes as indicated.

### High Risk for Falls (Score of 21 - 33)

1. \_\_\_\_ Review with client/family results of individual fall risk assessment.
2. \_\_\_\_ Provide and review universal fall prevention facts sheets: “*You Can Prevent Falls*” and “*12 Steps to Stair Safety at Home*”.
3. \_\_\_\_ Review pamphlet “*Falls Prevention: A Checklist for You and Your Family*”.
4. \_\_\_\_ Fall risk factors indentified and client specific education/care plan interventions/referrals recommended & and developed with client/family (document in space provided below).
5. \_\_\_\_ Record falls risk assessment score in Procura HC assessment, section 5.39 and 5.40, client care plan and on Nursing Service Request.
6. \_\_\_\_ Document recommended client specific fall prevention and management interventions in client care plan.
7. \_\_\_\_ Place falling leaf symbol on top right hand corner of client’s Procura care plan/ nursing service request.
8. \_\_\_\_ Document in Interdisciplinary Progress Notes as indicated.

### **Recommended Client Specific Fall Prevention and Management Interventions/Client Education**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Referrals		Date			Date
	PT			Pharmacy	
	OT			Physician	
	Dietary			Optometrist	
	Vic. Life Line			Mental Health	
	Service to Seniors			Foot Care	
	Other (specify)				

Case Coordinator (signature) \_\_\_\_\_ (Date) \_\_\_\_\_