**Definition of fall:** For the purposes of patient safety, a fall is a sudden, unintended, uncontrolled downward displacement of a patient’s body to the ground or other object. This definition includes unassisted falls and assisted falls (i.e., when a patient begins to fall and is assisted to the ground by another person).

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<th>CAPTURE Falls Benchmarking Form</th>
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1. Patient Medical Record Number: ______________________  
2. Patient Admission date: __________

3. Admission Type at time of fall:   
   - [ ] Acute  
   - [ ] Swing  
   - [ ] Hospice  
   - [ ] Observation  
   - [ ] Outpatient  
   - [ ] Visitor

4. Patient Age (if older than 90 indicate >90): __________

5. Patient Gender:  
   - [ ] Male  
   - [ ] Female

6. Patient’s principal admitting diagnosis: ________________________________________________________

7. Date of Fall: _____________  
7a. Time of Fall (military time): ____________

8. Ambulatory Status Time of Fall:  
   - [ ] Inpatient care area  
   - [ ] Emergency department  
   - [ ] Bedside  
   - [ ] Therapy area (PT, OT, ST)  
   - [ ] Chairside  
   - [ ] Radiology/imaging area, including mobile  
   - [ ] Bathroom  
   - [ ] Outside area (i.e., grounds of this facility)  
   - [ ] Hallway  
   - [ ] Other: Please specify ________________________________

9. Where did the fall occur?  
   - [ ] Inpatient care area  
   - [ ] Emergency department  
   - [ ] Bedside  
   - [ ] Therapy area (PT, OT, ST)  
   - [ ] Chairside  
   - [ ] Radiology/imaging area, including mobile  
   - [ ] Bathroom  
   - [ ] Outside area (i.e., grounds of this facility)  
   - [ ] Hallway  
   - [ ] Other: Please specify ________________________________

10. Did staff assist the patient (hands on) during the fall?  
   - [ ] Yes  
   - [ ] No

10a. Was a gait belt used?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

10b. Was the fall observed?  
   - [ ] Yes, by staff  
   - [ ] Yes, by family, visitor or another patient  
   - [ ] No

11. If unassisted and not observed, how did staff discover the fall?  
   - [ ] Patient found on floor  
   - [ ] Notified by family/friend/another patient  
   - [ ] Notified by non-clinical staff  
   - [ ] Notified by ancillary care staff  
   - [ ] Reported by patient  
   - [ ] Patient calling for help  
   - [ ] Alarm sounding  
   - [ ] Patient call light  
   - [ ] Unknown  
   - [ ] Other: Please specify ________________________________

12. DESCRIBE THE FALL, how it occurred, where in detail it occurred, how it was discovered (a narrative may be attached):

   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

13. What type of injury was sustained?  
   **CHECK ONE, IF MORE THAN ONE, CHECK MOST SEVERE**  
   - [ ] No Injury, no signs or symptoms resulting from the fall (x-ray, CT scan or other post fall evaluation resulted in finding of no injury)  
   - [ ] Fracture  
   - [ ] Dislocation  
   - [ ] Intracranial injury  
   - [ ] Skin tear, abrasion, hematoma or significant bruising  
   - [ ] Laceration requiring sutures or steri-strips  
   - [ ] Other: Please specify ________________________________

13a. What was the extent of harm to the patient as a result of the fall?  
   **CHECK FIRST OPTION THAT IS APPLICABLE**  
   - [ ] Death: Patient died as a result of injuries sustained from the fall.  
   - [ ] Major: Fall resulted in surgery, casting, traction, consultation for neurological (e.g. skull fracture, subdural hematoma) or internal injury (e.g. rib fracture, liver laceration) or need for blood products.  
   - [ ] Moderate: Fall resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain.  
   - [ ] Minor: Fall resulted in application of dressing, ice, cleaning of wound, limb elevation, topical medication, bruise or abrasion.

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Thank you for contributing to patient safety and quality of care.  
**Reporter:** Please return this completed form to your quality improvement coordinator.  
**Quality Improvement Coordinator:** Please scan and email via encryption to askinner@unmc.edu.

*Quality Improvement: Not part of the medical record. Not discoverable by Nebraska Rev. Stat. Section 71-7904 to 71-7913.*