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| CAPTURE Falls Audit Tool |  |  |  |
| Patient number |  |  |  |
| Date |  |  |  |
| Fall Hx obtained on admission |  |  |  |
| Hx falls last 6 months |  |  |  |
| 1 fall last 6 months |  |  |  |
| 2 or more falls last 6 months |  |  |  |
| Patient "alert" marked appropriately |  |  |  |
| Risk for injury care plan present |  |  |  |
| Risk and assist signage on doorways |  |  |  |
| Signage determined by last assessment |  |  |  |
| Fall prevention handout given to pt |  |  |  |
| Pt able to do teach back gait belt, signage, slippers, & alarms |  |  |  |
| Call light within reach |  |  |  |
| Bed alarm in use |  |  |  |
| Chair alarm in use |  |  |  |
| Gait belt in use |  |  |  |
| AD within reach |  |  |  |
| Patient suggestions or comments |  |  |  |
| Reviewed results with team leader |  |  |  |
| Comments |  |  |  |