

Gateway Transitional Care Center Gavin Monteath – Administrator Travis Jacobson – DON Angela Anderson – DOR

Falls – Moderate Risk Assessment Checklist

Use this to supplement the Falls – Low Risk Assessment Checklist when the patient has been deemed a moderate falls risk. All interventions need not be chosen, only the ones most appropriate to the situation.

	 Change in oxygen tube length Rearrange furniture Signify "parking spots" on the floor
	Do modifications to the bed need to be made • Bed rails • Foam mattress • Air mattress • Scoop/bolster mattress
	 Has increased safety signage been placed in the room, and at the door, as well as in situational line of sight Flagging to call light to draw increased attention Sign on tray table reminding for call light use Sign in line of sign from seated EOB or on the back of wheel chair reminding to ask for help "Unstable Vitals" on door frame "Altered Mental Status" on door frame
	Is the patient on a toileting schedule
	Is a change in medication appropriate
	 Does there need to be a change in furniture More comfortable seating environment or adaptive toileting
	 Do advanced staff signaling interventions need to be implemented Bed alarms Chair alarms
	Is a specific custom intervention indicated Describe:
Areas	requiring further follow up:
Signa	ature: Date



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Falls – High Risk Assessment Checklist

Use this to supplement the Falls – Low Risk Assessment Checklist when the patient has been deemed a high falls risk. Interventions from the Falls – Moderate Risk Assessment Checklist may also be used. All interventions need not be chosen, only the ones most appropriate to the situation.

Do modifications to the bed need to be made Bed rails Foam mattress Air mattress Scoop/bolster mattress Low Bed Do adaptations to the room need to be made Change in oxygen tube length Rearrange furniture Floor Mats Do staff signaling interventions need to be implemented Increased checks Bed alarms Chair alarms The patient is at significant risk for harming themselves, other residents, or staff members please consider the following interventions: Psychiatry Evaluation 1 to 1 (coordinate with IDT) Is a specific custom intervention indicated Describe: Areas requiring further follow up: Signature: Date		Is a change in medications appropriate		
Change in oxygen tube length Rearrange furniture Floor Mats Do staff signaling interventions need to be implemented Increased checks Bed alarms Chair alarms If the patient is at significant risk for harming themselves, other residents, or staff members please consider the following interventions: Psychiatry Evaluation 1 to 1 (coordinate with IDT) Is a specific custom intervention indicated Describe: Areas requiring further follow up:		Bed railsFoam mattressAir mattressScoop/bolster mattress		
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Describe: Areas requiring further follow up:		please consider the following interventions: Psychiatry Evaluation	er residents, or staff members	
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