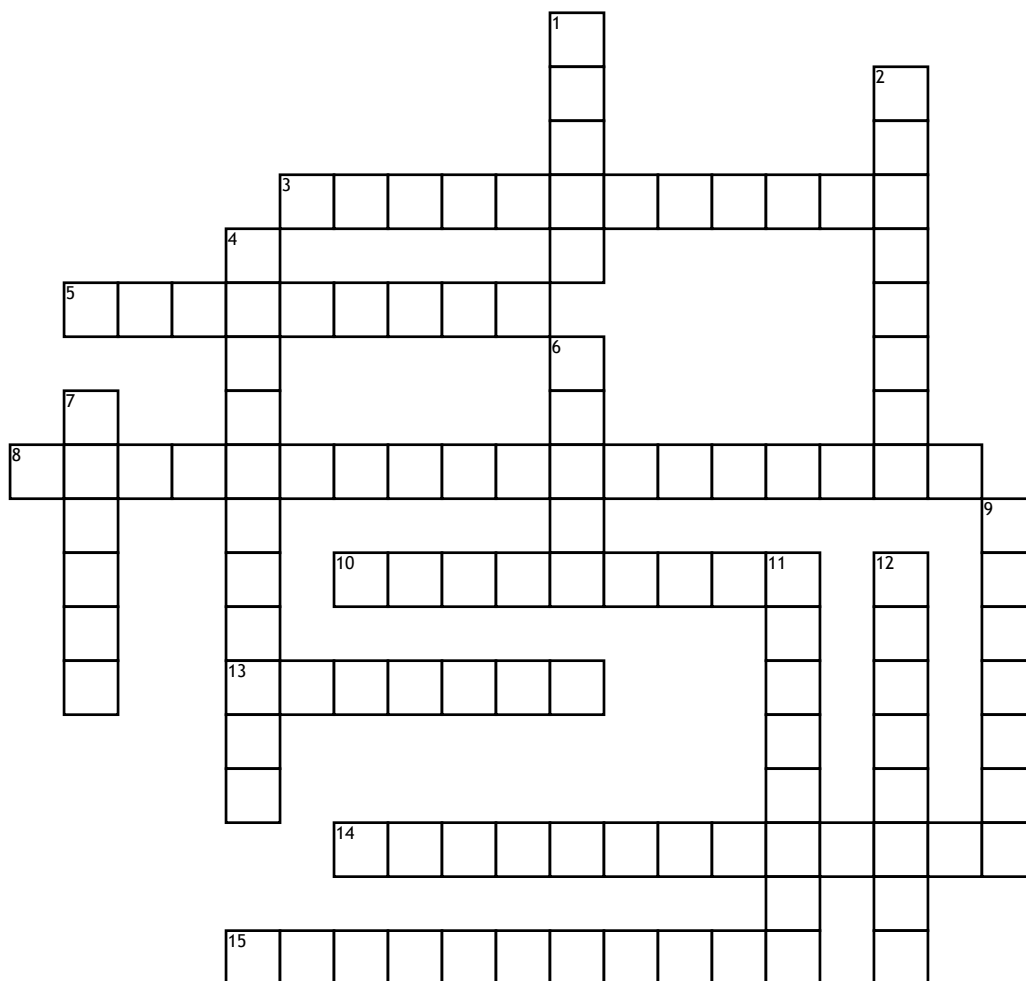


Name: _____

Date: _____

Fall Prevention



Across

3. How to assess if patient is at risk for injury from fall
 5. Should have three of these up on the bed at all times
 8. Must be completed routinely to assess the 4 P's
 10. Most common reason for falls
 13. Items in the physical environment that increase fall risks

14. MORSE should be reviewed with patient/family on admission and also during

15. A visual indicator outside of the room that a patient is a fall risk

Down

1. Audible alert to staff that patient is getting up unassisted
 2. A role model, resource, motivator & change agent that helps implement fall prevention measures and initiatives

4. Should be worn by all fall risk patients

6. Fall Risk Assessment Tool

7. Must be completed by staff on the unit after a fall

9. Used to prevent injuries from falls

11. Should be worn by all fall risk patients when ambulating

12. Where fall risk patients should never be left alone

Word Bank

Clutter

Alarm

Champion

Purposeful Rounding

Fall Mat

Toileting

Siderails

Gait Belt

Yellow Light

ABCS Criteria

Bathroom

Yellow socks

Huddle

MORSE

Bedside Report