

FALL PREVENTION AGREEMENT

To Our Patients:

It is a privilege and our duty to serve our patients. Our goal is to keep you safe from harm. In our experience, we have seen that hospitalized patients who are ill or have had a recent surgery or procedure often misjudge their ability to get up and complete tasks without assistance. You could risk severe injury by trying to do things alone. Our team is here to serve you, and we all want you to **CALL, DON'T FALL.**

I understand that I am at increased risk for falling based on the conditions checked below:

- Surgery/Procedure
- Age
- Seizure (history or recent)
- Recent Fall or History of Falls
- Stroke/Weakness/Confusion
- Breathing Treatments
- Cords and Tubing
- Sensory Impairments
- Medications (anti-anxiety, anti-seizure, sleep aides, pain medication, water pills, stool softeners, laxatives, blood pressure medications, muscle relaxants, and allergy medications).

I understand my safety is a top priority. For my safety, the team will be within arm's reach to assist me when out of bed and/or while toileting.

To ensure my safety, I will always contact my hospital caregiver and wait for them to assist me with getting in and out of the bed, a chair, or the bathroom.

Reducing Your Risk

- ✓ Always use the call bell
- ✓ Keep belongings within reach
- ✓ Wear non-skid slippers or socks
- ✓ Remain lying or seated while waiting for assistance.
- ✓ Follow your nurses' instructions regarding activity

To Our Families and Visitors:

As a family member or visitor, it is vital that you call for assistance, and do not try to assist your loved one without a hospital caregiver present. Please DO NOT turn off bed or chair alarms that have been set to protect your loved one. Our Team is here to keep your loved one safe. Please help your loved one **CALL** us so they **DON'T FALL.**

Patient Signature: _____ Date: _____ Time: _____

***NOT A PART OF THE PERMANENT MEDICAL RECORD**

Patient Identification/Label