**Appendix 7 FallSafe Audit**

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| **FallSafe care bundles measurement grid** | | | | | | | | | | | | | | | | | | | | | |
| **Name of auditor:**  **Ward:**  **Date:** | **Sample of 20 patients (or all patients if ward has fewer than 20 patients)** | | | | | | | | | | | | | | | | | | | | **Totals**  (‘Yes’ plus ‘N/A’  out of total, eg  10 ‘Yes’ + 5  ‘N/A’ = 15/20). Please refer to helpnotes. |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** |
| Use to track patient names/initials/bed number/room number if you need to |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **All 20 patients** |  | | | | | | | | | | | | | | | | | | | |  |
| *Observe*: Call bell in sight and reach? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Observe*: Safe footwear on feet? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Asked about history of falls? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Asked about fear of falling? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Urinalysis performed? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Drug card*: Avoided night sedation last night? (‘Yes’ = not given, ‘No’ = given) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Immediate assessment for and provision of walking aids |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records, patient status boards, handover records*: Clear communication of mobility status |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Observe*: Personal items in reach |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Observe:* no trip or slip hazards |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **For any of the 20 patients aged 70+**† |  | | | | | | | | | | | | | | | | | | | |  |
| *Clinical records*: Cognitive screen? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **For any of the 20 patients who are**  **‘higher risk’**‡ **- note this is all patients on wards for older and more vulnerable patients** |  | | | | | | | | | | | | | | | | | | | |  |
| *Charts*: Lying and standing BP recorded? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Full medication review requested? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Screen for depression |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Testing for delirium (confusion assessment method- CAM) in those at risk |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: bedrail risk assessment/ and or consideration of ultra-low beds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: visual assessment (basic ability to recognize objects from end of bed as a screen for if fuller eyesight assessment required) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Clinical records*: Level of observation, including bed position on the ward and toileting assessment and plan (tailored to need rather than standard two-hourly) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Received all relevant bundle elements? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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