

FALL PREVENTION AUDIT

Keep the floors clean and minimize slip, trip and fall injuries with this audit checklist.

Complete 4 times a year for every care unit. Deliver this document to the Quality Improvement Team before the end of August, November, February and May.

Audit the corridors and public areas of the unit, as well as 10 patient/resident rooms on the unit.

AUDIT INFORMATION	
DATE & TIME:	UNIT:
AUDIT DONE BY:	SIGNATURE:

CORRIDORS/PUBLIC AREAS	YES	NO	ACTION TAKEN
Are all corridors neat & tidy with no evidence of clutter? (One side of the hallway should always be clear for emergencies)			
Is signage appropriately used to identify hazards? (Example: Wet floor signs			
Is the lighting adequate?			
Are all cords and cables secured?			
Are walking surfaces free of holes, cracks and missing or loose tiles?			

PATIENT/RESIDENT ROOM	YES	NO	ACTION TAKEN
1- PATIENT NAME: ROOM #:		Patient	in room? YES / NO
Does the room have a clean, orderly appearance with no evidence of clutter?			
Are all necessary items within reach of the patient? (Call bell, telephone, remote, water jug, assistive device)			
Are all cords/cables/electrical wires secured?			
Is the lighting adequate?			
Are the bed brakes on?			
If the patient is in bed, is the bed at the lowest level?			

PATIENT/RESIDENT ROOM		YES	NO	ACTION TAKEN
2- PATIENT NAME:	ROOM #:		Patient	in room? YES / NO
Does the room have a clean, orderly appe of clutter?	arance with no evidence			
Are all necessary items within reach of the (Call bell, telephone, remote, water jug, a	=			
Are all cords/cables/electrical wires secure	d?			
Is the lighting adequate?				
Are the bed brakes on?				
If the patient is in bed, is the bed at the lo	owest level?			
PATIENT/RESIDENT ROOM		YES	NO	ACTION TAKEN
3- PATIENT NAME:	ROOM #:		Patient	in room? YES / NO
Does the room have a clean, orderly appe of clutter?	arance with no evidence			
Are all necessary items within reach of the (Call bell, telephone, remote, water jug, a	•			
Are all cords/cables/electrical wires secure	•			
Is the lighting adequate?				
Are the bed brakes on?				
If the patient is in bed, is the bed at the lo	owest level?			
PATIENT/RESIDENT ROOM		YES	NO	ACTION TAKEN
	ROOM #:	YES		ACTION TAKEN : in room? YES / NO
PATIENT/RESIDENT ROOM 4- PATIENT NAME: Does the room have a clean, orderly apper of clutter?		YES		
4- PATIENT NAME: Does the room have a clean, orderly appe	arance with no evidence e patient?	YES		
4- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the	arance with no evidence e patient? ssistive device)	YES		
4- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and the content of the cont	arance with no evidence e patient? ssistive device)	YES		
4- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and Are all cords/cables/electrical wires secure)	arance with no evidence e patient? ssistive device)	YES		
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and Are all cords/cables/electrical wires secured Is the lighting adequate?	arance with no evidence e patient? ssistive device) d?	YES		
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and Are all cords/cables/electrical wires secured Is the lighting adequate? Are the bed brakes on?	arance with no evidence e patient? ssistive device) d?	YES		
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and Are all cords/cables/electrical wires secured Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the local patient results in the local patient is in bed, is the bed at the local patient.	arance with no evidence e patient? ssistive device) d? owest level?		Patient	in room? YES / NO
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and Are all cords/cables/electrical wires secured Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the local content of the patient is in the patient	arance with no evidence e patient? ssistive device) d? west level? ROOM #:		Patient	ACTION TAKEN
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, at the lighting adequate? Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the log patient is in bed, is the bed at the log patient is in bed. 5- PATIENT NAME: Does the room have a clean, orderly apperaisation.	arance with no evidence e patient? essistive device) d? west level? ROOM #: arance with no evidence e patient?		Patient	ACTION TAKEN
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, a Are all cords/cables/electrical wires secure Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the logarithms are patient is in bed, is the bed at the logarithms are patient is in bed, orderly apper of clutter? Are all necessary items within reach of the	arance with no evidence e patient? essistive device) ed? ROOM #: arance with no evidence e patient? essistive device)		Patient	ACTION TAKEN
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and Are all cords/cables/electrical wires secured Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the local patient reached at the lo	arance with no evidence e patient? essistive device) ed? ROOM #: arance with no evidence e patient? essistive device)		Patient	ACTION TAKEN
A- PATIENT NAME: Does the room have a clean, orderly apper of clutter? Are all necessary items within reach of the (Call bell, telephone, remote, water jug, and Are all cords/cables/electrical wires secured Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the local patient is in be	arance with no evidence e patient? essistive device) ed? ROOM #: arance with no evidence e patient? essistive device)		Patient	ACTION TAKEN

PATIENT/RESIDENT ROOM		YES	NO	ACTION TAKEN
6- PATIENT NAME:	ROOM #:		Patient	in room? YES / NO
Does the room have a clean, orderly appear of clutter?				
Are all necessary items within reach of the particle (Call bell, telephone, remote, water jug, ass				
Are all cords/cables/electrical wires secured?	?			
Is the lighting adequate?				
Are the bed brakes on?				
If the patient is in bed, is the bed at the low	est level?			
PATIENT/RESIDENT ROOM		YES	NO	ACTION TAKEN
7- PATIENT NAME:	ROOM #:		Patient	in room? YES / NO
Does the room have a clean, orderly appear of clutter?	ance with no evidence			
Are all necessary items within reach of the p	patient?			
(Call bell, telephone, remote, water jug, ass				
Are all cords/cables/electrical wires secured?	?			
Is the lighting adequate?				
Are the bed brakes on?				
If the patient is in bed, is the bed at the low	est level?			
PATIENT/RESIDENT ROOM		YES	NO	ACTION TAKEN
PATIENT/RESIDENT ROOM 8- PATIENT NAME:	ROOM #:	YES		ACTION TAKEN in room? YES / NO
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter?	ance with no evidence	YES		
8- PATIENT NAME: Does the room have a clean, orderly appear	ance with no evidence patient?	YES		
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the page 1.	ance with no evidence patient? istive device)	YES		
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the particular (Call bell, telephone, remote, water jug, ass	ance with no evidence patient? istive device)	YES		
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the particular content of	ance with no evidence patient? istive device)	YES		
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the particle (Call bell, telephone, remote, water jug, associated and cords/cables/electrical wires secured? Is the lighting adequate?	ance with no evidence patient? istive device)	YES		
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the particle (Call bell, telephone, remote, water jug, associated Are all cords/cables/electrical wires secured? Is the lighting adequate? Are the bed brakes on?	ance with no evidence patient? istive device)	YES		
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the particle (Call bell, telephone, remote, water jug, associated and cords/cables/electrical wires secured? Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the low	ance with no evidence patient? istive device) eest level?		Patient	in room? YES / NO
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the processory items within reach of the processory items within reach of the processor	ance with no evidence patient? istive device) eest level? ROOM #:		Patient	ACTION TAKEN
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the process (Call bell, telephone, remote, water jug, associated and cords/cables/electrical wires secured? Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the low PATIENT/RESIDENT ROOM 9- PATIENT NAME: Does the room have a clean, orderly appear	ance with no evidence patient? istive device) rest level? ROOM #: ance with no evidence patient?		Patient	ACTION TAKEN
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the p (Call bell, telephone, remote, water jug, ass Are all cords/cables/electrical wires secured? Is the lighting adequate? Are the bed brakes on? If the patient is in bed, is the bed at the low PATIENT/RESIDENT ROOM 9- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the patient is in the patient is i	ance with no evidence patient? istive device) rest level? ROOM #: ance with no evidence patient? istive device)		Patient	ACTION TAKEN
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the processory items within reach of the processory items within reach of the processor items within reach of the processor items within reach of the processor items are the bed brakes on? If the patient is in bed, is the bed at the low patient room 9- PATIENT/RESIDENT ROOM 9- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the processor	ance with no evidence patient? istive device) rest level? ROOM #: ance with no evidence patient? istive device)		Patient	ACTION TAKEN
8- PATIENT NAME: Does the room have a clean, orderly appear of clutter? Are all necessary items within reach of the processory items within reach of the processory items within reach of the processor items within reach of the processor items and processor items within reach of the processor items within rea	ance with no evidence patient? istive device) rest level? ROOM #: ance with no evidence patient? istive device)		Patient	ACTION TAKEN

PATIENT/RESIDENT ROOM		YES	NO	ACTION TAKEN
10- PATIENT NAME:	ROOM #:		Patient	t in room? YES / NO
Does the room have a clean, orderly appear of clutter?	ance with no evidence			
Are all necessary items within reach of the p (Call bell, telephone, remote, water jug, ass				
Are all cords/cables/electrical wires secured?	•			
Is the lighting adequate?				
Are the bed brakes on?				
If the patient is in bed, is the bed at the low	est level?			

TOTAL CONFORMITY IN PERCENTAGE				
Total "Yes"		Total "No"		
Calculation:Total Qu	Total "Yes" x 100 = % estions Answered		%	

FOLLOW-UP REQUIRED		
ACTIONS	RESPONSIBLE INDIVIDUAL(S)	DEADLINE

ADDITIONAL COMMENTS		