

**NURSING DIVISION  
MINISTRY OF HEALTH MALAYSIA**

**CHECK LIST FOR PATIENT AT RISK FOR FALLS**

<b>NAME :</b>		<b>RN:</b>	
<b>BIL</b>	<b>ACTIVITIES</b>	<b>YES (√)</b>	<b>NO (X)</b>
1.	Nurse perform Nursing Assessment On Admission For Adult or Paediatric : - BKJ-BOR-PPK-20 Adult (Pind.1/2016) - BKJ-BOR-PPK-21 Paediatric (Pind.1/2017)		
2.	Nurse assess risk for falls using the Daily Morse Fall Scale Assessment chart (BKJ-BOR-PPK-Fall 2 Pind.3/2018) or the Humpty Dumpty Falls Risk Assessment Scale Chart ( BKJ-BOR-PPK-Fall 6 Pind.2/2018)		
3.	High risk patient is placed near nurses' counter with both bedside rails put up at all times		
4.	Put up Signage according to Falls risk assessment : <b>For Adults:</b> <b>Low Risk</b> – White colour(Optional) <b>Moderate Risk</b> –Yellow colour <b>High Risk</b> - Red colour (Refer Appendix 2)  <b>For Paediatric patients:</b> <b>Low Risk</b> –Yellow colour <b>High Risk</b> – Red colour		
5.	Did the nurse explain to patient or carer on the risk for falls prevention intervention?		
7.	Is written consent taken from patient's relative for patient who is restless and need to be restrained? Documented in patient's case note?		
8.	Is documentation done accordingly & correctly in the above mentioned forms?		

**Comments:**

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**\*To be used by Nursing Sister or Area Matron to check on nurse's compliance on the implementation of risk for falls intervention.**