

# Post-Fall Huddle Form

## POST FALL HUDDLE / AFTER ACTION REVIEW (AAR)

Nurse Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Resident Name/ID: \_\_\_\_\_

### Instructions:

1. Hold AAR as soon as possible after the patient fall occurred.
2. Keep the AAR meetings brief (15 minutes).
3. Involve the patient if possible.
4. Forward completed review to the Nurse Manager, then to the Patient Safety Manager.

Questions	Answer	Lessons learned
Why did this patient fall (root cause)? Focus on why the body went down. (Ask 3 times: What was different this time you were doing this activity compared to all the other times you did this activity and did not fall?)		
Were the appropriate interventions in place to prevent immediate cause of the fall?		
How could the fall have been prevented?		
For a patient who sustains an injury: what was the source/cause of injury		
Where Injury Prevention interventions in place?		
How could that injury have been prevented?		
What is the follow up plan? (To prevent a repeat fall based on the same root cause and protect the patient from injury.)		
Patient's/Resident's account (if able to share) of the circumstances of the fall event.		
Intervention to prevent repeat fall based on immediate cause of the fall		
Patient's/ Resident's Agreement with plan of care.	Comments:	

Who attended the huddle: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Fall: \_\_\_\_\_

Nurse Manager Review:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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