Date_____	Date_____

K-Card Falls	**K-Card Falls**
Identify a high fall risk patient who is in their room. See Reference Card for any N/A elements.	*Identify a high fall risk patient who is in their room. See Reference Card for any N/A elements.*

	1. Observe high risk sign outside door		**1. Observe high risk sign outside door**
	2. Observe door is open, if patient alone		**2. Observe door is open, if patient alone**
	3. Observe walkway clear of cords, tubing, toys, and extra equipment		**3. Observe walkway clear of cords, tubing, toys, and extra equipment**
	4. Observe appropriate crib/bed for age • Patient <3 y/o in appropriate crib, bassinet, giraffe bed, or panda bed for size/age • Patient >3 y/o in developmentally appropriate crib/bed		**4. Observe appropriate crib/bed for age** • Patient <3 y/o in appropriate crib, bassinet, giraffe bed, or panda bed for size/age • Patient >3 y/o in developmentally appropriate crib/bed
	5. Observe crib/bed in lowest position with brakes locked		**5. Observe crib/bed in lowest position with brakes locked**
	6. Observe side rails are to highest level x4 • All 4 side rails at highest level or 3 side rails at highest level and 4th blocked by caregiver		**6. Observe side rails are to highest level x4** • All 4 side rails at highest level or 3 side rails at highest level and 4th blocked by caregiver
	7. Observe non-skid footwear on or readily available • Patient wears non-skid footwear while ambulating or in bed *or* patient has non-skid footwear within reach and states they wear when ambulating		**7. Observe non-skid footwear on or readily available** • Patient wears non-skid footwear while ambulating or in bed *or* patient has non-skid footwear within reach and states they wear when ambulating
	8. Observe call light in reach of patient or caregiver if patient unable to use call light		**8. Observe call light in reach of patient or caregiver if patient unable to use call light**
	9. Verify patient/family received call light orientation • Interview patient/family: "Did a nurse teach you how to use the call light?"		**9. Verify patient/family received call light orientation** • Interview patient/family: "Did a nurse teach you how to use the call light?"
	10. Verify nurse completes hourly rounding • Interview patient/family: "Has a nurse checked on you at least every hour?"		**10. Verify nurse completes hourly rounding** • Interview patient/family: "Has a nurse checked on you at least every hour?"
	11. Verify patient/family received falls education • Interview patient/family: "Have you received education on falls safety (i.e. side rails up, assistance before getting out of bed)?"		**11. Verify patient/family received falls education** • Interview patient/family: "Have you received education on falls safety (i.e. side rails up, assistance before getting out of bed)?"
	12. Verify nurse discussed fall risk at handoff • Interview nurse: "Was the patient's fall risk status discussed at handoff?"		**12. Verify nurse discussed fall risk at handoff** • Interview nurse: "Was the patient's fall risk status discussed at handoff?"

Reliability Criteria - Card is GREEN if:	**Reliability Criteria - Card is RED if:**
• **All items are in compliance**	• **One or more items are non-compliant**

Follow-Up:	**Follow-Up:**
• Give in the moment praise for keeping the patient safe. • Insert card into slot with green side showing and document compliance and opportunities on K-Card Daily Results form	• Give in the moment coaching and ensure RN addresses non-compliant item(s). • Insert card into slot with red side showing and document compliance and opportunities on K-Card Daily Results form