

**PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION UAP
FALL PROTOCOL**

Name: _____ ID#: _____

Unit: _____ Date: _____

FALL PROTOCOL/UAP	1st Attempt (P or F)	2nd Attempt (P or F)	Comments
1. On admission, and when RN places patient on Fall Protocol, provide educational handouts "Help Parkland Keep You Safe," and "Tips to Keep You From Falling."			
2. Notify nurse if you identify patient at risk for fall.			
3. "Fall Precautions" armband will be placed on the patient, "Fall Precautions" sign mounted on the wall at the head of the bed, outside the door and a sticker on the front of the chart.			
4. Patients on fall protocol will have rounds every hour to confirm: <ul style="list-style-type: none"> a) Bed is in low position b) Call light/Bell are in reach c) Personal effects are in reach d) Toileting offered if awake and allowed by treatment plan/condition e) Fluids offered if awake and allowed by treatment plan/condition f) Side rails are elevated as appropriate 			
5. Rounds will be documented in EPIC or as appropriate for unit.			
6. If transporting patient on Fall Protocol, notify receiving staff patient is on Fall Protocol.			
7. If Fall Protocol is discontinued, UAP will be informed by the RN to discontinue the frequent observations of the patient and documentation.			

The completion of this form validates the above nurse's competency for this skill.

#1 Pass / Fail Competency Validator Signature: _____

#2 Pass / Fail Competency Validator Signature: _____