

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Code Document: HSAAS/NURS/BR122	Patient's sticker
	PATIENT FALL INFORMATION FORM	

I am (patient/ family/ carer)..... RN/ IC No.:
..... has been given an explanation regarding fall risk prevention and interventions by
Registered Nurse from ward and understood the
information. I am also understand to work with the nurse and medical team on the following steps:

- 1) **WAIT FOR ASSISTANCE (IF REQUIRED)** – if you have been given instruction to call for nursing staff before getting up, make sure you do. These instructions have been given for your safety.
- 2) **LOOK AROUND** – Take a moment before getting out of bed or up from the chair to re-familiarize yourself with the surroundings. Make sure you are safe to get out.

The hospital **WILL NOT BE RESPONSIBLE** for any injury or harm caused by patient’s own negligence (**patient engaged in some sort of activity or conduct that disrupted the “chain of causation” linking to fall**).

Nurse Signature:

Patient/ Family/ Carer Signature:

.....

.....

Name:
Staff ID:
Date:

Name:
I/C No.:
Date:

Witness Signature:

Name:
I/C No:
Date: