



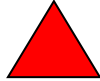




**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/NURS/SS20**

Patient's sticker

5 BUNDLE OF FALL INTERVENTIONS TASK (5B-FIT) CHECKLIST

Notes : Must be done during **4 hourly safety and comfort round**

Instruction: Tick **(v)** for complete intervention task, **(X)** if not applicable

5 BUNDLE OF FALL INTERVENTIONS TASK		Date:													
		Time:													
 Fall Alert	Fall risk signage available														
	Wrist band/ fall band attached.														
 Supervision/ Assistance	Call for help reminder.														
	Offer toilet visit/ assists/ change diaper/ offer help with ablution/ wudhu														
 Bed Safety	Check bed/ bed rails.														
	Check call bell/ wire/ tubing.														
 Assistive Device	Offer/ teach how to use assistive devices if applicable														
	Notify family to bring device from homes if needed														
 Communication	Notify on patient's fall risk to patient/ family/ carer/ others														
	Teach/ remind on fall preventions														
Staff Name:															

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




- Miake-Lye, I. M., Hempel, S., Ganz, D. A., & Shekelle, P. G. (2013). *Inpatient Fall Prevention Programs as a Patient Safety Strategy*. Annals of Internal Medicine, 158(5_Part_2), 390. doi:10.7326/0003-4819-158-5-201303051-00005
- Scheidenhelm, S., Astroth, K. S., DeLong, K., Starkey, C., & Wolfe, D. (2020). *Retrospective Analysis of Factors Associated With a Revised Fall Prevention Bundle in Hospitalized Patients*. JONA: The Journal of Nursing Administration, 50(11), 571–577. doi:10.1097/nna.0000000000000939



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