Supplementary Online Content


e**Figure 1.** FPTK Icons and Generic “High Risk for Falls” Sign
e**Figure 2.** Patient Bed Poster, Patient Education Handouts, and Plan of Care

This supplementary material has been provided by the authors to give readers additional information about their work.
**eFigure 1.** FPTK Icons and Generic “High Risk for Falls” Sign

A. FPTK Icons Validated for Communication of Fall Risk Status and Actionable Interventions

![FPTK Icons](image)

Up to six icons will display on FPTK Outputs (Bed poster/Patient education handout/Fall Prevention Plan). Fall prevention plan prints in hospitals where paper plan in place (academic medical centers) and populates electronic where electronic plan in place (community hospitals).

B. Generic “High Risk For Falls” Sign

![High Risk for Falls](image)

Representative of signs typically used on control units to alert providers that a patient is at risk for falls.

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Jane Doe
Avoid Slips, Trips and Broken Hips!
CALL DON’T FALL!

<table>
<thead>
<tr>
<th>History of Falls</th>
<th>Ambulatory Aid: Walker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Bed with Assist</td>
<td>Bed/Chair Alarm On</td>
</tr>
</tbody>
</table>

Bed Poster
Fall Prevention Information

As part of the admission process, your nurse has assessed your risk for falling while you are in the hospital. You have been evaluated to be at risk for falling.

Jane Doe, why are you at risk for falling?

• You are in an unfamiliar environment.
• You are not feeling well.
• You have fallen before and may fall again.
• You are unsteady on your feet.
• You are weak.

How can we work together to prevent you from falling while you are in the hospital?

• We will assist you out of bed as soon as you are able.
• Wear nonskid foot ware.
• Ask to have needed items within reach.

Tell your nurse about recent falls.
Call for help to get out of bed.
Use your walker.

The bed/chair alarm is on to remind you and your nurse that you need help to get out of bed/chair.

Ask your nurse for more information on Fall Prevention or visit:
http://www.partners.org/cird/FallsPrevention/FallsInfo.htm
Indicaciones para prevenir las caídas

A su ingreso al hospital su enfermera evaluó su riesgo de caerse durante su estancia. Usted tiene riesgo de sostener una caída.

**Jane Doe, tiene riesgo de caerse porque:**

- Está en un lugar que no conoce bien.
- Se ha caído antes y podría volver a caerse.
- Tiene poco equilibrio al estar de pie.
- No se siente bien.
- Está débil.

**Evitemos las caídas durante su estancia en el hospital:**

- Le ayudaremos a salir de la cama tan pronto pueda.
- Use calzado que no resbale.
- Pida que le pongan sus cosas a la mano.
- Dígale a su enfermera de caídas recientes.
- Use su andador.

- Ayuda para ambilar: andador
- Su cama tiene alarma para recordarle a usted y su enfermera que necesita ayuda para salir de la cama.
### Fall Prevention Plan of Care

**Problem:** ***Patient is at risk for falls***

**Patient Name:** Jane Doe  
**MRN:** 12345678  
**Printed:** March 04, 2009

| Patient has a history of falls | Safety Precautions  
| Patient uses ambulatory aid | Document circumstances of previous falls  
| Patient’s gait is Weak | Place WALKER at bedside  
| Patient overestimates ability; forgets limitations | Patient needs AssistX1  
| | Bed/Chair alarm turned on  
| | Move pt. close to nurse station  
| | Freq Checks, re-orientation, distractions  

**History of Falls**

- **Ambulatory Aid:** WALKER
- **Out of Bed with Assist**
- **Bed/Chair Alarm On**

**Total Morse Fall Score:** 65

**Sign/Credentials:** ____________________________  
**Date/Time:** ____________________________

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**Fall T.I.P.S. Research Study Plan of Care Documentation Form October 1, 2008 - June 30, 2009  
Medical Record Copy**

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