

Harding Hospital Fall Prevention Mobility Guide



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Patient's name: _____ Date: _____

PT's name: _____ Pager #: _____

Is the patient able to transfer or walk independently?

- Yes** – Transfer to: wheelchair bed toilet shower or walk on unit within facility
- No** – Review detailed information below

Is the family/caregiver able to transfer or walk the patient?

Yes – Who? _____

Can transfer patient to: wheelchair bed toilet shower or walk on unit within facility

No – Call for assistance

Fall Risk Factors and Safety

History of Falls



Yes – Date of last fall: _____

No

Bed Alarm



Gaitbelt



Can patient be left unsupervised while sitting?

- Edge of bed: Yes No
- Wheelchair: Yes No
- Recliner: Yes No
- Shower: Yes No
- Toilet: Yes No

Level of Assistance

Follow the level of help marked for you. If your level has a **yellow (!)** or **red (hand)** symbol, **only move with assistance**.



Independent: No physical help needed



Set-Up Only: Someone prepares items or your space



Supervision: Someone stays nearby for your safety



Contact Guard/Minimal Assist: You need light touch or steadying



Moderate Assist: There is shared effort and you need noticeable help



Maximum Assist: You do less than half the work and need a lot of help



Total Assist/2-Person Assist: You need full support from 1 or more helpers

Transfer Technique

- Walking
- Stand pivot
- Modified stand pivot
- Slide board
- Lift equipment:
- Hoyer lift
 - Sara Steady

Weight bearing status/precautions: _____

Need for device: Yes No If yes, what device? _____

Other: _____