

McLaren Print System Order

Order No: 8811
Order Date: 2015-02-06
User: Shelby Reed
Phone: 810-342-2546

Ship Location: Shelby Reed - 5 South ACP Office
401 South Ballenger Highway
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 91020
Dept Name: Nursing Admin
Company Number: 60

Order Total Price: 0.00

Item Number: M-1362
Item Description: Fall Prevention Quiz Ancillary
Revision Date: 2/2015
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

FALL PREVENTION QUIZ - ANCILLARY

NAME _____ DATE _____ UNIT _____

- 1.) IF I AM WALKING BY A ROOM AND SEE A FALL RISK SIGN AND HEAR AN ALARM I AM RESPONSIBLE TO GO IN AND CHECK THE PATIENT, EVEN IF IT'S NOT MY PATIENT OR MY UNIT. TRUE OR FALSE
- 2.) IF I FIND A PATIENT ON THE FLOOR THE FIRST THING I SHOULD DO IS:
 - A.) TRY TO PICK THE PATIENT UP.
 - B.) ASK THEM TO STAND UP
 - C.) CALL FOR HELP AND STAY WITH THE PATIENT
- 3.) IF I SEE A PATIENT WITH YELLOW ARM BANDS WALKING ALONE IN THE HALL I SHOULD:
 - A.) TELL THE PATIENT TO GO BACK TO THEIR ROOM.
 - B.) SAY HELLO AND MAKE EYE CONTACT, WALK NEXT TO THE PATIENT OFFERING ASSISTANCE TO GET THEM BACK TO THEIR ROOM.
- 4.) THE NUMBER ONE REASON FALL RISK PATIENTS TRY TO GET OUT OF BED ON THEIR OWN IS TO USE THE BATHROOM.
TRUE OR FALSE