

**McLaren Print System Order**

Order No: 9691  
Order Date: 2015-03-09  
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