

Please affix service user details here

What intervention did you apply to prevent a fall?

Please refer to the coded initials at the bottom of the page.

Please insert details as appropriate.



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AM	Applied brakes	STWA	Supporting transfer with Assistance (e.g bed to chair, bed to toilet, chair to bed)
ATS	Assisted to Stand	POR	Prevented Over-Reaching
ATT	Assisted to toilet	SL	Secured Leads
IIF	Identified inappropriate Footwear	THR	Trip Hazard Removed
AAF	Applied appropriate footwear	BCIR	Bed Clothes Hazard identified & Removed
DUFA	Discouraged Using Furniture to Ambulate	RCAM	Reminded to call for assistance when mobilizing