

## Session Three

Instructor: \_\_\_\_\_ Name: \_\_\_\_\_  
Class: Falls Prevention Date: \_\_\_\_\_  
Session: Session 3 Results: \_\_\_\_\_

### Instructions

Instruct all students to read each question carefully and then circle or tick the correct answer.

#### 1. How can you flag a patient's fall risk to other staff?

- a. patient notes
- b. staff handover discussion
- c. patient transfer notes
- d. patient discharge summary
- e. All of the above

Please tick true or false to the questions below

#### 2. What co-morbidities might increase a patient's falls risk?

- |    |   |                               |                                |
|----|---|-------------------------------|--------------------------------|
| a. | Cardiovascular disease ( affecting blood pressure, syncope risk, dizziness) | True <input type="checkbox"/> | False <input type="checkbox"/> |
| b. | Cerebrovascular disease ( stroke),  | True <input type="checkbox"/> | False <input type="checkbox"/> |
| c. | Parkinsons, MS affecting balance  | True <input type="checkbox"/> | False <input type="checkbox"/> |
| d. | Cancer- palliative care patient- overall body weakness and fatigue          | True <input type="checkbox"/> | False <input type="checkbox"/> |
| e. | Urinary tract infection   | True <input type="checkbox"/> | False <input type="checkbox"/> |

