

| Body area assessed | Day 1 post-fall | | | Day 2 post-fall | | | Day 3 post-fall | | |
|--------------------------------------|-----------------|----|------|-----------------|----|------|-----------------|----|------|
| | AM | PM | NOCS | AM | PM | NOCS | AM | PM | NOCS |
| Movement in the lower extremities | | | | | | | | | |
| • Leg rotation | | | | | | | | | |
| • Shortening of leg | | | | | | | | | |
| • Look for deformities | | | | | | | | | |
| • Hip/pelvic pain | | | | | | | | | |
| • Spinal pain | | | | | | | | | |
| • Leg/hip pain upon standing/walking | | | | | | | | | |
| Muscular | | | | | | | | | |
| • Shaking | | | | | | | | | |
| • Increased weakness | | | | | | | | | |
| Pain symptoms | | | | | | | | | |
| • Vocal complaints | | | | | | | | | |
| • Facial grimaces and winces | | | | | | | | | |
| • Rubbing | | | | | | | | | |
| • Verbal words used to describe pain | | | | | | | | | |
| • Restlessness | | | | | | | | | |
| • Bracing/clenching teeth | | | | | | | | | |
| 911 emergency services called | | | | | | | | | |
| Post-fall treatment completed | | | | | | | | | |
| Post-fall documentation completed | | | | | | | | | |
| Other #1: | | | | | | | | | |
| Other #2: | | | | | | | | | |
| Other #3: | | | | | | | | | |
| Other #4: | | | | | | | | | |
| Other #5: | | | | | | | | | |
| Other #6: | | | | | | | | | |

Please note that this checklist is a general guideline. Senior living communities should adapt it to their specific state/federal guidelines and the facility policies/procedures. Always consult with the Medical Director and follow clinical practice guidelines.



Providing solutions to help our members manage risk.®

For your risk management and safety needs, contact Nationwide Loss Control Services at 1-866-808-2101 or [MyLossControlServices.com](https://www.MyLossControlServices.com)

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