

Date: [Insert Date]

To: [Patient Name / Family Member Name]

Patient ID: [Insert ID Number]

Facility/Unit: [Insert Unit Name]

Subject: Notification of High Fall Risk Status and Prevention Action Plan

Dear [Recipient Name],

Following a clinical assessment, it has been determined that [Patient Name] is currently at a **High Risk for Falls**. Our primary goal is to ensure safety and prevent injury during this stay.

Risk Factors Identified:

- [Insert Factor e.g., History of falls]
- [Insert Factor e.g., Medication side effects]
- [Insert Factor e.g., Mobility/Balance impairment]

Immediate Action Plan and Protocols:

- **Identification:** A yellow fall-risk wristband and footwear will be provided.
- **Environment:** The bed will remain in the lowest position with wheels locked.
- **Assistance:** "Call Don't Fall" protocol is in effect. Patient must use the call light for all transfers to the chair or bathroom.
- **Supervision:** Staff will perform safety rounds every [Insert Frequency] hour(s).
- **Equipment:** Use of [Insert Equipment e.g., bed alarm, walker, or gait belt] during all movement.

How You Can Help:

- Keep the call light and personal items within easy reach.
- Do not attempt to get out of bed without nursing assistance.
- Ensure the area is free of clutter and spills.

Please contact the nursing station at [Insert Phone/Extension] if you have any questions regarding this safety protocol.

Sincerely,

[Your Name/Signature]

[Your Title]

[Department Name]