

SAMPLE FORM
POST FALL RECOVERY DATA COLLECTION FORM

HoverJack/ HoverMatt u

- **Patient gender** - name not required? Male Female
- **Patient body stature** normal stature obese bariatric (morbidly obese)
- **Fall type** Slipped / Tripped Fall from bed Collapse due to clinical reason
- **Non injurious incident?** used proactively eg bariatric lateral transfer Yes N/A
- **Suspected injury** – Head Spinal Lower limb fracture Other
- **Impaired conscious level** Yes No
- **Incident location**
- **Incident date**
- **Equipment used** tick HoverJack HoverMatt Spinal board
- **Did the suspected or actual injury / scenario preclude the use of a hoist** Yes No
- **Overall outcome patient** on a scale of 1 to 5 did using the equipment minimise the risk of further injury /discomfort for the patient. Score 1 = least useful
- **Overall outcome staff** on a scale of 1 to 5 did using the equipment contribute to a safer system of work and potential for musculo-skeletal harm . Score 1 = least useful
- **Was equipment functioning / complete** Yes No

Additional Comments

Morbidly obese patient 171kg, palliative, spinal metastases, fell to floor due to sensory loss in legs. Patient in extreme pain if moved therefore use of hoist and sling was not appropriate. Elevated from the floor using the HoverJack and HoverMatt combination.

Name

Job title