

# My Action Plan for Preventing Falls

Name \_\_\_\_\_ Date \_\_\_\_\_

Please bring this plan and a list of your medicines to each health provider or emergency room visit.  
**A fall is when you end up on the ground or at a lower level by accident.**

## Things I will do each day

- **Take my time and be aware by:**
  - Changing positions and standing up slowly
  - Using my cane or walker correctly
  - Wearing good-fitting shoes
- **Make my home safe by:**
  - Removing clutter
  - Keeping my pathway clear and lighted at night
  - Adding and using railings and grab bars
  - Thinking about a medical alert system
- **Stay healthy by:**
  - Following my health provider's exercise program
  - Having my eyes and ears checked yearly
  - Drinking water and eating healthy
- **Talk to my health team:**
  - If I fall or worry about falling
  - If my medicine makes me feel dizzy or lightheaded
  - If I'm not eating well or drinking enough water

## I feel normal for me

- I have not lost my balance.
- I do not feel weak, dizzy, or lightheaded.
- I see just as clearly as I normally do.
- I am not worried about falling.

## CAUTION – I need to take action

### I FEEL WORSE

- I lost my balance and stumbled or staggered.
- I needed to grab ahold of something or someone so I would not fall, or I fell into my chair.
- I feel dizzy or lightheaded when I move or change positions.
- I need more help than normal to get out of bed or stand up.
- I do not see as well as normal. I bump into things.
- I cannot see well enough to read or watch TV, or I need more lights to see.
- I am worried about falling so I stay home and walk less or drink less fluid to avoid walking to the bathroom.

### ACTION

Call my health provider:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## DANGER – I will take action immediately

### I FEEL MUCH WORSE

- I fell today.
- I feel so dizzy or lightheaded that I could faint.
- I cannot get out of my bed or chair.
- I am too weak to do anything for myself.
- I see double now.
- I am tripping over rugs, changes in flooring, or things in my path.
- I am so worried about falling that I will not try to get up or walk by myself

### ACTION – I will CALL 911

I will get help right away.

I WILL NOT drive myself or have a friend or family member drive me to the hospital.