Fall Prevention Plan Implementation



Accidental falls in a hospital or healthcare setting are extremely dangerous for patients and detrimental to

extremely dangerous for patients and detrimental to the healthcare institution. Patient injury or death occurring

as a result of an accidental fall in a hospital is classified

Are Your Nurses Checking All the Boxes?

as a "never event" (i.e., a preventable event that should never happen) by the National Quality Forum (NQF), the Centers for Medicaid & Medicare Services (CMS), and the UK National Health Service (NHS). In addition to potential injury and the negative impact to patients' health, accidental falls can also result in increased length of stay, healthcare cost and healthcare facility liability as well as decreased care provider moral.

A strong fall prevention plan prevents or minimizes patient falls and injury, while promoting the highest level of patient independence possible. Check out the Dynamic Health™ competency checklist below to see if your nurses are

plan implementation.

checking all the boxes when it comes to fall prevention



3. Review the patient's medical history/medical record

- 4. Follow standard pre-procedure steps
- PROCEDURE STEPS

 1. Explain the components of the fall prevention plan and its purpose

5. Interview family members, as necessary, to gather information about the patient's medical

available.

3.

6.

8.

history and personal habits, including use of medications and diet, that could contribute to fall risk

Provide emotional support as needed

Assess the patient for risk for falls using a

facility-approved fall risk assessment tool, if

Follow facility protocols for choosing appropriate

strategies that will reduce fall risk based on the

Answer any questions

individualized risk assessment7. Place a label or sign on the door to the patient's room, on the headboard of the patient's bed,

and/or in or on the cover of the patient's

Collaborate with other members of the

medical record, if indicated by facility protocol

multidisciplinary team to implement the individualized plan of care to reduce risk for falls

9. Keep the bed in the lowest position, lock the wheels

10. Keep the side rails up when no one is in

attendance

appropriate

12. Promptly respond to call light when activated13. Place personal belongings and assistive devices within the patient's reach

14. Verify that the patient is wearing non-skid

15. Provide ambulatory and balance aids, as

footwear when ambulating

11. Place the call light within the patient's reach

16. Verify that the wheels are locked when transferring to or from a wheelchair17. Anticipate toileting needs and offer assistance,

especially during nighttime hours

18. Assess the patient for one-on-one monitoring

19. Avoid the routine use of physical restraints

20. Implement the use of a bed or chair alarm to

22. Monitor for adverse medication effects (e.g.,

postural hypotension, sedation, confusion, or

23. Collaborate with the treating clinician to explore

alternatives to the prescribed medication

alert staff if the patient is attempting to get

and arrange for monitoring as appropriate

up without assistance, as appropriate and if available21. Identify and modify environmental hazards

dizziness) that increase fall risk

(e.g., clutter, wet floors)

regimen, as appropriate

education and training in exercises for building strength and improving balance

24. Request referral to physical therapy for

POST-PROCEDURE STEPS

Follow standard post-procedure steps

Incorporate the results of the physical

therapist's assessment into the nursing plan of

care. The physical therapist typically conducts

an independent assessment of gait, stability,

Collaborate with nursing administration to

provide continuing education to colleagues

Provide ongoing evaluation of the effectiveness

Document patient response to interventions at

preceded the fall/near fall, and clinical staff

Update and modify all components of the plan

preventive efforts, follow the facility/unit-specific

and other staff members on the patient's

individualized fall prevention plan

regular intervals per facility protocol

1.

2.

3.

4.

5.

8.

9.

much more.

6. Document the details of a fall or near fall, including time the fall occurred, patient adherence to safety strategies, events that

interventions, if any

as needed

the fall

of the fall prevention plan

strength, and balance

protocol to assess the patient for injury, notify the treating clinician, and perform/assist with any ordered therapy

Complete a facility incident report to detail

If the patient experiences a fall despite

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There's lots more where this came from. Dynamic Health,

an innovative new evidence-based tool, offers thousands

of actionable clinical skills and accompanying competency checklists to help nurses and allied health professionals master critical skills. Users will find current, relevant,

evidence-based information on core nursing competencies,

transcultural care, patient training, occupational therapy,

speech therapy, nutrition and dietetics, social work and so

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