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™ 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 checking all the boxes when it comes to fall prevention.

**PROCEDURE STEPS**

1. Follow standard post-procedure steps
2. Review the treating clinician's orders regarding preventive efforts, follow the facility/unit-specific protocol to assess the patient for injury, notify the treating clinician, and perform/assist with diagnostic testing as needed
3. Review the patient's medical history/medical record
4. Assess the patient for risk for falls using a facility-approved fall risk assessment tool, if available
5. Interview family members, as necessary, to gather information about the patient's medical history and personal habits, including use of any ordered therapy
6. Follow facility protocols for choosing appropriate footwear when ambulating
7. Place a label or sign on the door to the patient's room, on the headboard of the patient's bed, and other areas of the room as required by facility protocol
8. Collaborate with other members of the multidisciplinary team to implement the individualized risk assessment strategies that will reduce fall risk based on 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 the room, on the headboard of the patient's bed
11. Place the call light within the patient's reach
12. Promptly respond to call light when activated
13. Place personal belongings and assistive devices available
14. Anticipate toileting needs and offer assistance
15. Avoid the routine use of physical restraints
16. Assess the patient for one-on-one monitoring
17. Place your hand on the patient's back, or if appropriate, your hand on the back of the wheelchair while transferring to or from a wheelchair or a bed
18. Assess the patient for postural hypotension, sedation, confusion, or use of medications that may be contributing factors
19. Avoid the routine use of physical restraints
20. Implement the use of a bed or chair alarm to alert staff if the patient is attempting to get up without assistance, as appropriate and if available
21. Identify and modify environmental hazards
22. Monitor for adverse medication effects (e.g., clutter, wet floors)
23. Collaborate with the treating clinician to explore therapeutic options
24. Request referral to physical therapy for strength and improving balance

**PRE-PROCEDURE STEPS**

1. Explain the components of the fall prevention plan and its purpose
2. Review the facility/unit specific protocol for use of any ordered therapy
3. Provide emotional support as needed
4. Assess the patient for risk for falls using a facility-approved fall risk assessment tool, if available
5. Interview family members, as necessary, to gather information about the patient's medical history and personal habits, including use of any ordered therapy
6. Follow facility protocols for choosing appropriate footwear when ambulating
7. Place a label or sign on the door to the patient's room, on the headboard of the patient's bed
8. Collaborate with other members of the multidisciplinary team to implement the individualized risk assessment strategies that will reduce fall risk based on 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 the room, on the headboard of the patient's bed
11. Place the call light within the patient's reach
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19. Avoid the routine use of physical restraints
20. Implement the use of a bed or chair alarm to alert staff if the patient is attempting to get up without assistance, as appropriate and if available
21. Identify and modify environmental hazards
22. Monitor for adverse medication effects (e.g., clutter, wet floors)
23. Collaborate with the treating clinician to explore therapeutic options
24. Request referral to physical therapy for strength and improving balance