Fall Prevention Plan Implementation

Plan Implementation

1. Prepare for the fall by ensuring appropriate space for mobility, removing tripping hazards, and ensuring stable and non-slip surfaces.

2. Communicate with the multidisciplinary team about the patient's fall risk and potential interventions.

3. Implement specific fall prevention strategies, including environmental modifications, patient education, and medication management.

4. Follow the facility/unit-specific protocol for evaluating fall risk and implementing preventive measures.

5. Document patient response to interventions at regular intervals per facility protocol.

6. Interview family members, as necessary, to gather information about the patient's medical history and personal habits, including use of medications and diet, that could contribute to fall risk.

7. Place a label or sign on the door to the patient's room, on the headboard of the patient's bed, located within the patient's reach.

8. Promptly respond to call light when activated to ensure immediate assistance.

9. Complete a facility incident report to detail the circumstances surrounding the fall.

10. Keep the side rails up when no one is in the room, especially during nighttime hours.

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 in appropriate locations and arrange for monitoring as appropriate.

14. Verify that the patient is wearing non-skid footwear when ambulating.

15. Provide ambulatory and balance aids, as appropriate.

16. Verify that the wheels are locked when the patient is mobile.

17. Anticipate toileting needs and offer assistance, including time the fall occurred, patient attendance.

18. Assess the patient for one-on-one monitoring, as needed.

19. Avoid the routine use of physical restraints.

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

21. Identify and modify environmental hazards in the patient's environment.

22. Collaborate with the treating clinician to explore alternative medications and/or in or on the cover of the patient's room, on the headboard of the patient's bed, located within the patient's reach.

23. Collaborate with other members of the interdisciplinary team to implement the preventive efforts, follow the facility/unit-specific protocol to assess the patient for injury, notify the treating clinician, and perform/assist with any ordered therapy.

24. Request referral to physical therapy for strength and balance training.

Post-Procedure Steps

1. Provide ongoing evaluation of the effectiveness of fall prevention interventions, if any exist.

2. 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, strength, and balance.

3. Review the treating clinician's orders regarding the fall prevention plan and the patient's medical history.

4. Follow standard pre-procedure steps.

5. Interview family members, as necessary, to gather information about the patient's medical history and personal habits, including use of medications and diet, that could contribute to fall risk.

6. Follow facility protocols for choosing appropriate interventions, if any.

7. Place a label or sign on the door to the patient's room, on the headboard of the patient's bed, located within the patient's reach.

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