

FALL - Fall Prevention

FALL-C COMPLICATIONS

OUTCOME: The patient/family will understand that the complications from falls may be serious.

STANDARDS:

1. Explain that falls may result in minor injuries including lacerations, abrasions, and contusions.
2. Explain that falls may also result in major injuries that may be life-threatening and may include head injuries and fractures.

FALL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand that some patients are at higher risk for falls because of mental status, disease processes, age, or medications.

STANDARDS:

1. Explain that there are many health related-factors that can increase the chance for falls. These include:
 - a. Explain that some medications, such as tranquilizers, sedatives, pain medications, antihypertensives, or diuretics may cause dizziness and disorientation.
 - b. Explain that illness, therapeutic procedures, and diagnostic tests may leave the patient weak and unsteady.
 - c. Explain that some disease processes such as neurological disorders, cognitive impairment, changes in mental status, generalized weakness, dizziness, and advanced age may predispose to falls.
2. Explain that the hospital may seem unfamiliar, especially when awakened at night, and this, combined with other factors, may result in disorientation.
3. Discuss that infants and small children may be at increased risk of injury from falls as appropriate.

FALL-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:

- a. Indication for the equipment
 - b. Benefits of using the equipment
 - c. Types and features of the equipment
 - d. Proper function of the equipment
 - e. Signs of equipment malfunction and proper action in case of malfunction
 - f. Infection control principles, including proper disposal of associated medical supplies
 - g. The importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
 3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

FALL-FU FOLLOW-UP

OUTCOME: The patient/family will understand that consultation with a physician after a fall where injury is suspected or known is important to ensure that appropriate treatment for injuries is provided.

STANDARDS:

1. Discuss that consultation with a physician after a fall where injury is suspected or known is important to ensure that appropriate treatment for injuries is provided. Discuss signs/symptoms that should prompt immediate follow-up.
2. Discuss the procedure and process for obtaining follow-up appointments and that follow-up appointments be kept.
3. Discuss the importance of keeping follow-up appointments as scheduled or recommended.
4. Discuss the availability of community resources and support services and refer as appropriate.

FALL-L LITERATURE

OUTCOME: The patient/family will receive literature about the prevention of falls.

STANDARDS:

1. Provide the patient/family with literature on the prevention of falls.
2. Discuss the content of the literature.

FALL-S SAFETY

OUTCOME: The patient/family will understand measures that may be taken to prevent falls.

STANDARDS:

1. Explain that there are precautionary measures that may prevent accidental falls. Some ideas include:
 - a. Explain that wearing non-skid slippers when out of bed may prevent slipping and falling.
 - b. As appropriate, instruct the patient/family not to tamper with the side rails that may be in use. Side rails are reminders to stay in bed and are designed to ensure safety.
 - c. Discuss that throw rugs, wires across the floor, objects on the floor, unlevelled floors, wet or moist floors, uneven carpeting, pets in the home, small children playing in the floor stairs, and shoes with heels or slick soles pose high fall risks. Instruct the patient to remove as many of these obstacles as possible.
2. Emphasize the importance of knowing how to request assistance.
 - a. In the home or in the hospital, stress the importance of calling for help or using the call light or other call devices to call for assistance if dizziness and/or weakness are experienced.
 - b. Emphasize that in hospitals or nursing homes, nursing staff are available for assistance in getting out of bed and to help with ambulation and personal care needs.
 - c. If the patient must get up before assistance arrives, instruct the patient to walk slowly and carefully and not to use rolling objects such as bedside tables as support.
3. Explain that, after lying in bed, being ill, or taking certain medications, dizziness may result from getting up too suddenly. Instruct the patient to sit up slowly and to sit a few minutes before slowly standing and walking.

FALL-SCR SCREENING

OUTCOME: The patient/family will understand the screening process for implementing interventions to decrease the risk of falls.

STANDARDS:

1. Explain that screening for fall risk allows for implementation of appropriate interventions.
2. Explain that factors associated with an increased risk of falls are assessed at intervals prescribed by hospital policy if the patient is hospitalized.

3. Discuss that screening may include mobility, mentation, medication effects, issues with elimination, and history of falls.