

Introduction

Analysis of circumstances surrounding patients who fell revealed that three types of patient falls occurred in hospitals and long-term care institutions. Because falls have different causes, the strategies for preventing patient falls are different for each type of fall. The following is a generic outline of care planning to prevent geriatric patient falls.

Source: https://primaris.org/sites/default/files/resources/Restraints%20and%20Falls/falls_prevention%20intervention%20care%20plan%20final.pdf

1. Toileting needs

- ☐ Ask the resident every one to two hours if he/she needs to use the bathroom.
- ☐ Answer call light promptly.
- ☐ Remind the resident to ask for assistance. Reorient to call light, if necessary.
- ☐ Eliminate side rails and assess need for bedside commodes.
- ☐ Individualize toileting schedule and/or bowel and bladder retraining.
- ☐ Other: _____

2. Syncopal episodes

- ☐ Evaluate postural hypotension and/or cardiac arrhythmia. Consult with physician.
- ☐ Review medications with pharmacy consultant and physician.
- ☐ Consider fluid volume deficit. Evaluate intake and output.
- ☐ Teach the resident to change positions slowly, especially from lying to sitting to standing.
- ☐ Maximize the resident's time out of bed as much as clinically possible to increase tolerance.
- ☐ Keep the bed in the low position.
- ☐ Assist with all transfers.
- ☐ Consider use of TED hose.
- ☐ Perform a nutrition consultation.
- ☐ Other: _____

3. Confusion

4. Environmental hazards

- ☐ Eliminate potential hazards such as uneven surfaces, debris, or water on floor.
- ☐ Keep the call light and water within reach.
- ☐ Keep eyeglasses within reach.
- ☐ Keep assistive devices within reach.
- ☐ Ensure adequate lighting.
- ☐ Other: _____
- ☐ Other: _____

5. Weakness/unsteady gait

- ☐ Evaluate for possible therapeutic interventions.
- ☐ Remind resident to request assistance.
- ☐ Keep call light within reach.
- ☐ Confer with rehabilitative services and the interdisciplinary team.
- ☐ Assist the resident to obtain and wear appropriate, non-skid shoes.
- ☐ Other: _____
- ☐ Other: _____

6. Sensory/perception deficits

- ☐ Frequently reorient the resident to the environment.
- ☐ Keep furniture and other objects in the same position.
- ☐ Evaluate presence and adequacy of glasses and hearing aids.
- ☐ Assess the environment to maximize safety.
- ☐ Consult with vision/hearing specialists as needed.
- ☐ Refer to OT.
- ☐ Consider a conference with rehabilitative services.
- ☐ Other: _____
- ☐ Other: _____

7. Knowledge deficit

- ☐ Ensure assistive equipment is used appropriately.
- ☐ Be sure the resident is comfortable with adaptive and assistive devices.
- ☐ Ensure the resident is able to use the call light. If the light is difficult to press, consider a foam pad call light or other adaptive call lights.
- ☐ Ensure frequent visitors are aware of the use of assistive and adaptive devices.
- ☐ Other: _____
- ☐ Other: _____

- ☐ Frequently reorient the resident to surroundings.
- ☐ Visually check the resident every two hours, or more frequently as determined by care team.
- ☐ Provide a calm, quiet environment with reassurances.
- ☐ Perform a nutrition consultation.
- ☐ Evaluate the resident's electrolytes.
- ☐ Evaluate for hypoxemia. Measure oxygen saturation as needed.
- ☐ Keep a small night light in the resident's room.
- ☐ Answer the call light promptly.
- ☐ Use a bed and/or chair personal alarm.
- ☐ Perform a risk/benefit analysis regarding restraint use. Note:
- ☐ Encourage family/social contacts for reorientation.
- ☐ Assess for Falling Leaf criteria.
- ☐ Other: _____



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