Cheatography

Fall Prevention Intervention Care Plan Cheat Sheet

by [deleted] via cheatography.com/2754/cs/15451/

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

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

2. Syncopal episodes

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

3. Confusion

4. Environmental hazards

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

5. Weakness/unsteady gait

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

6. Sensory/perception deficits

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

7. Knowledge deficit

O Ensure assistive equipment is used appropriately.
O Be sure the resident is comfortable with adaptive and assistive devices.
O 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.
O Ensure frequent visitors are aware of the use of assistive and adaptive devices.
O Other: _____
O Other: _____

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

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