

Introduction

A thorough evaluation of each fall is necessary to understand why an individual resident falls as well as identify facility-wide trends and process problems. Analysis of the fall investigation will assist the facility and the care team to take steps to prevent recurrence of falls. Looking at the whole environment and care needs related to the resident will help the team create a resident-specific plan of care.

Source: https://primaris.org/sites/default/files/resources/Restraints%20and%20Falls/falls_tips%20for%20investigating%20a%20fall%20final.pdf

Time

Include the day of the week and the time of the day. This may help identify falls related hypnotic, poor lighting, or staffing issues.

Medication

This includes new medications, changes in dosage and administration time as well as listing antipsychotics, antihypertensives, antidepressants, anti-anxiety medications, and hypnotics. The care team may identify other medications for further observation.

Contributing medical condition

Certain sided weakness, neuropathy, and many others. Possible new acute illness.

Use of devices

Cleanliness of glasses, appropriateness of footwear, and use of needed assistive devices.

Location

Most falls occur in the resident room or bathroom. Perhaps there are safety problems associated with those locations or unmet resident needs such as toileting.

Activities at time of fall

This may include leaning over to pick up a dropped object, attempting to go to the bathroom, sudden feeling of faintness when standing up, slipped, or got lost.

Haddon's Countermeasures

EXAMPLES OF HADDON'S COUNTERMEASURES APPLIED TO PATIENT FALLS PREVENTION

1. Prevent the creation of fall conditions
 - Elimination of slip/trip hazards
 - Optimized medication dosages to prevent medication-related postural hypotension
 - Patient room lighting engineered to ANSI standards
 - Administrative control using escorts/toileting escorts
2. Reduce the amount of fall conditions brought into being
 - Non-slip floor surfaces in rooms
 - Room railings
 - Wheelchair seatbelt use
 - Policies on room maintenance and cleaning
 - Patient training on wheelchair use
 - Policy on patient escorts/sitters/comfort rounds
3. Prevent the release of fall conditions
 - Wheelchair seatbelt use
 - Safe patient handling technologies (specifically, properly maintained lifts)
4. Modify the rate of release of fall conditions
 - Seatbelt/restraint use
 - Lower bed heights
 - Assisted fall procedure
5. Separate fall conditions from that which is to be protected (the patient) by time and space
 - Toileting escort
 - Sequestration of bedside fall protection mats during the day while the patient is awake and active
 - Clutter free pathways
6. Separate fall conditions from that which is to be protected (the patient) by a physical barrier
 - Hip protectors
 - Helmetts
7. Fall injury protection bedside floor mats
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 - Floor power cord coverings, or covered floor trenches for cords
8. Make what is to be protected (the patient) more resistant to damage from fall conditions
 - Stop smoking (less risk of osteoporosis)
 - Exercise regimen
 - Training on how to fall properly
 - PPE such as hip protectors, helmets, and restraints
 - Addressing patient medical conditions that cause drowsiness, dizziness, etc.
9. Begin to counter the damage done by fall conditions
 - ICU/aggregate review process
 - Interim fixes to prevent falls before permanent fixes can be implemented
10. Stabilize, repair, and rehabilitate the object of fall conditions damage (the patient)
 - Patient treatment of unrelated injury
 - Rehabilitation
 - Disability evaluation

Symptoms at time of fall

Dizziness, light-headed feeling, nausea, legs gave way. Excessive pain.

Environment hazards

Wet floor, change of furniture location, poor lighting.

Cognitive status

Determine cognitive status.

Witnesses

As many falls in the nursing home are not witnessed, it is essential to obtain information from witnesses who can give an account of resident activity just prior to a fall. Exact details must be elicited as part of obtaining information for analysis. Witnesses may be visitors, family members, volunteers, facility non-nursing staff as well as facility caregivers.