

# Fall Interventions – Quick Reference

**Other Fall Risk Considerations:**

**Age:** More than 1/3 of adults 65 years and older fall each year

**Mobility:** Assessment of gait and balance

**Vision:** Assess for vision problems

**Medications:** CNS, cardiovascular, polypharmacy

**Underlying conditions:** Postural hypotension, cognitive changes, fear of falling, neurological and cardiovascular problems

**Environment:** Tripping and slipping are common reasons for falling

**Standard Interventions for all Patients**

- Bed in low position, brakes locked, siderails up x 2
- Nonskid socks
- Call light within reach
- Personal items within reach
- Unobstructed, clear path to bathroom
- Adequate lighting
- Floor clean and dry
- Consider PT eval for any patient with a change in mobility status

Patient 65 years or younger with fall risk	Patient with fall in the past 3 months	Patient with fall risk on anticoagulation therapy or documented bleeding risk, osteoporosis and/or > than 65 years of age	Patients of any age with cognitive dysfunction and/or unable to follow directions, receiving medications that alter cognition or create a sense of urgency (diuretics, laxatives)
<ul style="list-style-type: none"> <li>➤ Utilize nurse call technology</li> <li>➤ Yellow Fall signage-room entrance</li> <li>➤ Call, don't fall signage (foot of bed, inside BR door)</li> <li>➤ Bed in the lowest position</li> <li>➤ Yellow socks</li> <li>➤ Complete falls agreement (if A/O)</li> <li>➤ Bed/chair alarm</li> <li>➤ Hourly rounding (include toileting)</li> <li>➤ Assistive devices (gait belt, walkers, canes <i>etc</i>) readily available</li> <li>➤ Do not leave unattended in the bathroom</li> <li>➤ Communication of fall risk and interventions at every handoff</li> </ul>	<ul style="list-style-type: none"> <li>➤ Utilize nurse call technology</li> <li>➤ Yellow Fall signage-room entrance</li> <li>➤ Call, don't fall signage (foot of bed, inside BR door)</li> <li>➤ Bed in the lowest position</li> <li>➤ Yellow socks</li> <li>➤ Complete falls agreement (if A/O)</li> <li>➤ Bed/chair alarm</li> <li>➤ Hourly rounding (include toileting)</li> <li>➤ Assistive devices (gait belt, walkers, canes, <i>etc</i>) readily available</li> <li>➤ Do not leave unattended in the bathroom</li> <li>➤ Communication of fall risk and interventions at every handoff</li> <li>➤ <b>Consider virtual safety assistant</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ Utilize nurse call technology</li> <li>➤ Yellow Fall signage-room entrance</li> <li>➤ Call, don't fall signage (foot of bed, inside BR door)</li> <li>➤ Bed in the lowest position</li> <li>➤ Yellow socks</li> <li>➤ Complete falls agreement (if A/O)</li> <li>➤ Bed/chair alarm</li> <li>➤ Hourly rounding (include toileting)</li> <li>➤ Assistive devices (gait belt, walkers, canes, <i>etc</i>) readily available</li> <li>➤ Do not leave unattended in the bathroom</li> <li>➤ Communication of fall risk and interventions at every handoff</li> <li>➤ <b>Consider virtual safety assistant use</b></li> <li>➤ <b>Consider use of floor mats</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ Utilize nurse call technology</li> <li>➤ Yellow Fall signage-room entrance</li> <li>➤ Call, don't fall signage (foot of bed, inside BR door)</li> <li>➤ Bed in the lowest position</li> <li>➤ Yellow socks</li> <li>➤ Bed/chair/ alarm</li> <li>➤ Hourly rounding (include toileting)</li> <li>➤ Assistive devices (gait belt, walkers, canes, <i>etc</i>) readily available</li> <li>➤ Do not leave unattended in the bathroom</li> <li>➤ Communication of fall risk and interventions at every handoff</li> <li>➤ <b>Consider virtual safety assistant use</b></li> <li>➤ <b>Consider use of floor mats</b></li> <li>➤ <b>Move patient closer to nurses' station</b></li> <li>➤ <b>Diversion activities</b></li> </ul>

**UPDATE PLAN OF CARE FOR FALL RISK AND INTERVENTIONS**

Updated: 12/09/2020 / HCA Healthcare Center for Clinical Advancement