

FALLS

Fall Prevention: Patient safety is our priority. Performing a fall risk assessment *predicts* and *prevents* a patient fall.

When a fall occurs, the attending Physician, Hospitalist, and/or resident will be promptly notified and will determine the need for further evaluation. The nurse will complete the physician's treatment orders post-fall and communicate outcome to the physician. Family is to be notified. The Registered Nurse assesses every patient for fall risk potential upon admission, every shift and if there is a change in condition.

Fall Prevention Measures are implemented for all patients identified as high risk for falls:

- Bed is to be placed in the lowest position before leaving a patient room for all patients.
- Patients at high risk for falls including patients that have tubing attached are instructed to use the call bell and wait for staff to help them out of bed.
- "Falling Star" sign outside the patient's room to identify the patient at risk.
- Yellow arm band and yellow non-skid slippers on patients at risk.
- Attempt to place patients at high risk for falls in rooms that are easily observed.
- Collaborate with the Interdisciplinary Team regarding a fall prevention plan.
- Video monitoring is available as an additional safety measure for medical patients at high risk **of falling. Floor mats are also available to help prevent injury from falling.** No order is required.
- **New meds started and medication dose changes can increase the fall risk. High fall risk medications include benzodiazepines, antipsychotics, dopaminergics and antidepressants.**
- When the patient is uncooperative or confused, all safety measures will be performed **to keep** the patient safe. If these measures are ineffective, then a medical restraint needs considered.
- Nursing educates patient **and family** on fall prevention measures. It may be necessary for the provider to reinforce as many patients are non-compliant.