

Fall Interventions

Toileting:

- 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.
 - Assess need for bedside commode.
 - Individualize toileting schedule and/or bowel and bladder retraining.
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Syncopal Episode:

- 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.
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Confusion:

- 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.
 - Encourage family/social contacts for reorientation.
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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.

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.

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.

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 soft touch call light or other adaptive call lights.

Ensure frequent visitors are aware of the use of assistive and adaptive devices.

- Increased toileting with specified frequency of assistance from staff.
- Increased assistance targeted for specific high-risk times.
- Increased staff supervision targeted for specific high-risk times.
- Pain management.
- hip protectors
- Safe footwear.
- Low bed/mat.
- Specific behavior management strategies.

Falls Prevention Strategies & Interventions

EQUIPMENT

Hipsters

Low bed

Electric low bed

Mats

Mats on floors

Mats on floor at bedside

Low bed with mats

Low bed with mat at bedside

Low beds/mats as appropriate

Non-skid Items

Non-skid strips on floor by bed and in bathroom

Non-skid strips in bath

Walker or wheelchair

Non-tip wheelchair

Correct devices with appropriate size (walker/wheelchair)

Transfer Assistive Devices

Ensure staff uses gait belt

Transfer resident with gait belt

Pull-up pole-pole that runs floor to ceiling, placed by bed/chair, provides assist

Transfer poles-Resident can grab, provides stability for rising or transfer

Mattresses/Bedding

Winged mattress

Better quality mattresses

Concave mattress cover

Perimeter mattress

Use Dycem mats to prevent residents from sliding out of wheelchairs, and from sliding down in bed when HOB is up.

Dycem in chair

Better quality sheets (high thread count)

Bed warmers

Down blankets

Use “Stop” signs to prevent awaking a resident**Roll guards****Reacher****No swivel or rocking chairs****Lift chairs, if available****Use mechanical lifts when needed****Non-traditional call lights****Increase wattage of light bulbs if safe to do so in room****STAFF ACTIONS****Information gathering**

Check blood sugars

Check blood pressure-lying and standing, to see if resident has orthostatic hypotension

Medication review

Check on-going use of hypnotics. If use is on-going, investigate depression/pain factor

Review meds with consulting pharmacist for polypharmacy, which may have side effects causing falls

Monitor appropriate labs

Pharmacy/pharmacist review of medications

Is there a need for medication adjustments?

Have recent adjustments been made that could be contributing to falls

Evaluate medication regimen for new meds—side effects that could be problematic

Check labs for changes.

Check for accurate reconciliation of noted concerns

What caused the fall?

Assessed for side rails

Evaluate ambulation/gait

Read history of ambulation and transfer

Monitor patient's gait

Use information in daily routine

Eyeglasses

Check/clean glasses

Eye exam

Make sure glasses are worn daily

Wear glasses during ambulation

Have PT screen after fall, if not isolated**Assess for basic needs—hunger, pain, toileting**

Toileting

Evaluate need to offer additional opportunities for toileting

Respond to individual toileting needs

Incontinency evaluation

Scheduled toileting

Increase toileting plans as appropriate; review staffing schedule to determine adequate to carry out toileting plans

Toilet every two hours or less

Prompted toileting

Toilet before and after meals, and at bedtime

Toileting program offered to residents with reoccurring falls

Review investigation and implementation of interventions and evaluation—look at what the surveyor reviews

Devices—determining if devices are restraints

Occupational Therapy (OT) patient screens

Is the resident experiencing pain?

Interview patient and family

Therapy screen/evaluation

Track/trend the falls—may give insight into what is going on

Educate staff on interventions

Patient referral

Get rid of over-the-bed tables when not in use

Staff education and supervision

Educate staff about slippery floors

Adequate staff supervision

Specify what supervision is needed; do not just write “provide supervision”

Educate staff...Educate staff...Educate staff

Assist with ambulation

Reeducate resident if alert and oriented

Call light education/reminders

Ambulation

Care plan

Therapy/strengthening

Provide restorative and follow up on effectiveness

Ambulate when attempting to get out of wheelchair

Ask if resident is tired and have resident lie down

Reposition residents who are in wheelchair

Try getting resident out of bed safely, and then provide food, fluids, and company.

Resident might comply with care better with one nursing assistant than another (bath)

Answer call bells promptly. Don't say, “I'll be there in a minute” and not go back (falls, incontinence can occur)

Don't say, “I just took you five minutes ago.”

Family assistance

Keep in sight—close by for interaction

Have all departments get involved in falls prevention

Ambulation schedule

RESIDENT ACTIVITIES

Activities, activities, activities

Walking with assist to dine/activities at certain times related to falls

Individualized activities

Activities provided at appropriate cognitive level

Activities for residents used to waking during the 10-6 shift, and who are up during the night.

Sit resident at nurses' desk

Therapy

Involve, encourage, re-invite to activities

Offer activities of past and present interest

If resident continually tries to get up offer to walk them

Example: Resident has retired from desk job, and is a frequent faller, anxious, and medicated without successful outcome. The nursing home created a fake bank check book so he could make out checks. This worked and kept him busy.

For residents who cannot sit still: Offer a doll (soft body, weight with bean bag) or stuffed animal to nurture

Purse/Bag with zipper—Put “safe” objects inside. Remove the pull from zipper. Residents can arrange items.

Redirection—use their personal history to devise plans

Planned walks to meet motion needs

Hour of Sleep bathing/backrubs to aid sleep

Music

Sing to (or with) resident

Turkey/milk at hour of sleep for snack

*(Turkey does have the makings of a natural sedative in it, an amino acid called **tryptophan**. Tryptophan is an essential amino acid, meaning that the body can't manufacture it. The body has to get tryptophan and other essential amino acids from food. Tryptophan helps the body produce the B-vitamin niacin, which, in turn, helps the body produce serotonin, a remarkable chemical that acts as a calming agent in the brain and plays a key role in sleep.)*

Plant therapy

Pet therapy—lap cat or dog

Offer daily exercise program to increase flexibility and strengthening

Body Recall—for seniors

Start a “walking” club. Measure hallways/courtyard, and then make a challenge chart. Reward meeting goals

Keep items in easy reach

Lower voice, speak softly and calmly

ENVIRONMENT

Keep area free from clutter

Remove clutter from rooms and public areas

Arrange room to have clear passage-ways. (Clear path from bed to bathroom to chair, etc.)

Keep environment free of hazards

Decrease noise

Slow, soft music or white noise (waterfall)

Noise reduction at night

Decrease traffic in hallways

Proper lighting for resident's toileting

Nightlights in bathrooms

Night lighting

Aromatherapy

Bolster pillows and wedges. Residents used to bigger beds and partner can use bolster to hug

Set the tone for sleep

Secured curtains out of resident's reach

Keep frequently used items (phone, remote control) close

Rearrange resident room

Label bathroom door

In bathroom, paint walls a slightly darker color so white toilet is easier to see

Use non-glare wax on floors

Mix sand with floor wax; cover high-traffic areas of resident's room

PERSONAL

Properly fitting shoes

Non-skid shoes

Provide proper footwear: No slip-ons (with the backs out) and no shoes with slick soles

Non-skid socks

Do not walk around in socks

Encourage use of gowns instead of pajamas

(Some residents get tangled up in their pajama bottoms when they go to the bathroom)

Bathing prior to bed

Lavender lotion

Soft massage

Falls Prevention Strategies & Interventions

EQUIPMENT/ENVIRONMENT

Rearrange room to make better pathways to meet resident's needs (like bathroom)

Change roommates to one with less medical equipment or "stuff" (clutter)

Move personal items closer

Relocate to room closer to nurses' station

Add verbal warning alarm using the resident's or family members' voice.

Add non-skid strips on chair or floor in slick spots; non-skid tips on assistive devices

Non-skid socks or slippers

Proper fitting shoes

Add bed/chair/floor alarm

Padded side rails with colored noodles

Wander guard alarm system

Utilize mechanical lifts

Use top 1/2 bed rails as enablers

Eliminate decorative tile in middle of floors as they can be perceived as "holes"

Improve lighting and reduce glare in corridors, patient rooms, showers, and bath rooms

Add night lights or motion lights

Beside commode or bed pan or raised toilet seat

Place picture of toilet on the bathroom door

Add resting stations (bench) on long corridors, but be cautious not to create trip hazard

Reduce or eliminate clutter in common areas.

Eliminate low obstacles that can be trip hazards.

Make regular rounds looking for discarded clothing or wet spots.

Add grab bars or other assistive devices for bed, toilet or shower.

Non-skid rubber backed bath mats

Elevate chair to facilitate getting up

Evaluate housekeeping practices—are cleaning technique or chemicals creating slip hazards

Create adequate spacing between tables in dining room

Always "lock" wheels of equipment if possible in hall as residents may use to steady

Wheel back rolling prevention device

Built-up or colored wheel chair brakes

High back wheel chair

Back weighted wheel chair to prevent tipping

Add or remove leg rest on wheel chair

Add or remove low bed

Add or remove mat beside bed

Front and back tippers

Assess for perimeter defining mattress

Bolsters to bed

Wedge Cushion

Helmet and hip/knee/shoulder pads

Add Merry Walker or other equipment such as stroller or wheel chair

Lateral supports and stabilizers/arm troughs

Pommel cushion

Hip thrust cushion

Prosthetic devices/splints
Quad cane
Drop seat in wheel chair
Hip clip belt
Orthotic chair
Lab buddy
Tray table
Recliner/lounge chair
Recliner chair with tray table
Stop signs or door exits or other patient rooms
Dycem matting to stabilize seating
Utilization of a rocking chair
Make doors and exits look like something else or have mirrors on exits

CLINICAL/THERAPY

Enhance restorative program and maximize benefit to residents
15 or 30 minute checks
Insure screening process for restorative/ambulation program in place
Bowel and bladder training programs in place and effective
Therapy assess for adaptive devices for sitting, ambulating, reaching, positioning etc.
Review meds with consult pharmacist to insure drugs/interactions not causing dizziness
Review assessment worksheet to insure fall prevention strategies are included
Assess for pain
Assess for UTI
Assess functional status
Dietician assessment
Social service assessment for behavioral issues
Psych service assessment for behavioral issues
Mini mental exam to assess cognitive deficits
Assess sensory deficits (vision, hearing)
Review activity schedule and therapy schedule for increase, decrease or rearrangement
Gradual dose reduction of psychoactive drugs
Evaluation of change in condition via labs/x-rays
Education on gradual position changes for resident/staff