

SAMPLE POLICY

FALL RISK PREVENTION

Falls are the most common injury sustained by patients in the outpatient arena. They are a major cause of injury and death among the elderly and debilitated patients. Environmental, physical, and psychological factors contribute to patient falls and the ensuing injuries. Falls are preventable occurrences that injure patients, cause hospitalizations, and significantly increase healthcare costs. The implementation and adherence to an effective fall prevention program negates many of these incidences of injury and additional costs. The goal of the fall prevention program is to identify the patient who is at risk to fall, institute proactive efforts to reduce the occurrence of fall related incidents, and provide a safe environment.

Fall definition	Any untoward event in which the patient comes to rest unintentionally on the floor.
Equipment needed	Patient Fall Assessment Colored warning device for the patient clipboard as indicated Protocol level notation on pre assessment each treatment
Implementation	Procedure <ul style="list-style-type: none">• All patients will be fully assessed for potential to fall on admission as a new patient, PRN for any change in condition, post hospital discharge, transfer to another unit, and at least annually. A general assessment, relative to the current full assessment, will be accomplished and documented each treatment.• The full assessment document will be maintained on the patient clipboard and stored in the patient chart after a new document initiated.• Fall risk protocols will be followed
Environmental considerations	<ul style="list-style-type: none">• Adequate lighting should be available in the patient areas• Pathways to the treatment chair should be unobstructed• Floors must be clutter free with out water spills• Treatment chairs wheel locks should be in good repair and remain locked unless the chair is being moved.• Transfer boards may be used to assist patient transfers, using adequate assistance• The bathroom call bell should always be within easy reach of the patient and the patient educated on use of the bell.• Hemodynamically unstable, physically, or mentally unstable patients will require assistance and attendance in the bathroom.• All waiting room seats should be in good repair

	<ul style="list-style-type: none"> Remove wheelchair leg rests when appropriate to avoid patient entanglement
Patient and Family Education	<p>Cooperation and participation from the patient and family is essential to the success of the Fall Prevention Program. The patient and the family should be instructed on the reason for the fall prevention protocol being implemented and how it relates to the patient's diagnosis and status. Document all teaching, response to the teaching, and which family members were involved with the teaching on the Patient Education form in the medical chart.</p>
Patient Education Components	<ul style="list-style-type: none"> Instruct patient on use of call bell in the bathroom and grab bars at the scales Instruct patient to inform staff if he or she feels dizzy, weak, or lightheaded. Ask for assistance before getting out of the chair if these conditions exist. Patient to use proper non-skid footwear, avoid floppy slippers, bare feet, stockings, or loose shoes Teach patient to sit or stand slowly prior to standing/ambulating to minimize dizziness related to orthostatic hypotension. Instruct patient to allow patient care staff escort into and out of the treatment area, discharging to the waiting room chair or transportation vehicle Weigh patients pre and post treatment with shoes to avoid falls Instruct patient not to bend over from a standing position for any reason, especially post treatment when the body is adjusting to being "off dialysis", and the BP may drop unexpectedly, regardless of fluid status.
Family Education Components	<ul style="list-style-type: none"> Encourage the patient to wear non-skid shoes Notify staff if there is a spill in the floor Inform staff if equipment is not functioning properly Leave pathways around the patient's chair clear and clutter free Family education on environmental modification the patient may require at home, such as grab bars in the bathroom, elevated toilet seat, etc. Notify the nurse if the patient will be left unattended Instruct family regarding medication side effects and interactions and how that may contribute to falls
Documentation Fall Occurrence	<p>If a fall occurs, a comprehensive evaluation of the fall must be documented in the patient's record. The nursing evaluation should include assessment of the patient's status, nature of the injury, and type of fall. All fall occurrences will be followed by an appraisal of intrinsic risk factors that may have contributed to the fall and assessment of possible changes in practice to prevent falls. Any changes will be</p>

	<p>reviewed at the Quality Assurance meeting as well as the unit staff level.</p>
<p>Post fall Nursing and direct care staff</p>	<ul style="list-style-type: none"> • Perform a physical assessment and take vital signs prior to moving the patient. If any evidence of serious injury or any complaints of neck/back discomfort, DO NOT MOVE THE PATIENT until evaluated by a physician or the paramedic team. • Notify the unit Head Nurse. • Once determined safe to move the patient, help the patient up into a chair, further assess vital signs and physical condition. • Assist patient's access to medical institution or MD office as needed for further evaluation. • Notify the Nephrologist. • Notify the Clinical Department Manager and CEO concurrently. • Document the patient fall in the care plan. Complete an Unusual Occurrence form and post fall assessment form . If fall was witnessed, describe how it happened and any factors that contributed to the fall. • Notify the patient's family of the fall and any injury sustained