

RUBY VALLEY HOSPITAL
Sheridan, Montana 59749

FALL RISK ASSESSMENT

ALL PATIENTS ASSESSED ON ADMISSION AND EACH SHIFT- (CHANGE IN LEVEL REQUIRES NURSES NOTE)

Universal Precautions (All Patients)	HIGH RISK PROTOCOL – INITIATE BASED ON CONGNITIVE STATUS		
		Oriented, appropriate, aware of deficits Deficits may include one or more of the following: Mobility/Balance impairment Visual/Auditory Impairment Bowel/Bladder Alteration Medication side effects	Cognitive Impairment: Attempts to get out of bed, chair, etc. unassisted
LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3
<ol style="list-style-type: none"> Orient to room & surroundings as appropriate Instruct on use of bed controls, nurse call light, TV controls, etc. Locate all items needed by the patient within easy reach. Maintain uncluttered & clean environment Provide adequate lighting Maintain bed in lowest position Maintain (2) siderails at head of bed in the "up" position as appropriate Keep wheelchair brakes locked at all times Patient should utilize eyeglasses & hearing aids as appropriate Instruct patient not to use overbed tables or other furniture/medical equipment for support Instruct patient to wear skid resistant footwear when out of bed Check patient every hour Provide patient/family teaching as appropriate to the patient's needs 	<ol style="list-style-type: none"> Instruct patient to call for assistance when needing to move from bed, chair, wheelchair, toilet, etc. Keep at least two siderails "up" when in bed. Apply bed and/or chair occupancy monitor as appropriate Establish a bowel and/or bladder routine / program as appropriate Instruct patient / family regarding medication responses, side effects, and precautions as appropriate Explain for patient / family the need for these precautions and encourage family assistance and cooperation Check patient every hour and pm 	<ol style="list-style-type: none"> Frequently re-orient and repetitively reinforce the need to call for assistance Utilize bed and/or chair occupancy alarm, soft chest restraint, lapboard, seatbelt, or other hospital approved device as appropriate (obtain provider order for vest, wrist, or other restraint) Explain for patient / family the need for these precautions and encourage family assistance and cooperation Check patient every hour and pm 	<ol style="list-style-type: none"> Provide close supervision as appropriate Provide one to one supervision as appropriate and document accordingly (encourage family members to rotate for assistance) (obtain provider order) Explain for patient / family the need for these precautions

Date:

Level (7a-7p) /Nurse Initial									
Level (7p-7a) /Nurse Initial									

Nurse Initials/Name:

Patient Name _____

Rm# _____ DOB _____

Provider _____