**FALLS RISK INTERVENTIONS**

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| **LOW FALLS RISK**  **(Universal Falls Precautions)** | **MODERATE FALL RISK** | **HIGH FALL RISK** |
| **Maintain safe unit environment** :   * Remove excess equipment/supplies/ furniture from rooms & hallways. * Coil and secure excess electrical and telephone wires/cords. * Clean all spills in patient room or in hallway immediately. * Place a signage to indicate wet floor danger.   **Follow the following safety interventions:**   * Orient the patient to surroundings, including bathroom location, use of call light. * Keep bed in lowest position during use unless impractical (when doing a procedure on a patient) * Keep the top 2 side rails up * Secure locks on beds, stretcher, & wheel chair. * Keep floors clutter/obstacle free (especially the path between bed and bathroom/commode). * Place call light & frequently needed objects within patient reach. * Answer call light promptly. * Encourage patient/family to call for assistance as needed. * Assure adequate lightening especially at night. * Use proper fitting non-skid footwear. | **Maintain safe unit environment** :   * Remove excess equipment/supplies/ furniture from rooms & hallways. * Coil and secure excess electrical and telephone wires/cords. * Clean all spills in patient room or in hallway immediately. * Place a signage to indicate wet floor danger.   **Institute flagging system**:  1. Apply falls risk arm band  2. Falling star (**yellow**) outside the patient’s door  3. Falls risk sticker on the medical record.    **Follow low falls risk interventions plus:**  Monitor & assist patient in following daily schedules:   * Supervise/assist bedside sitting, personal hygiene and toileting as appropriate. * Reorient confused patient as necessary. * Establish elimination schedule and use of bedside commode if appropriate.   Evaluate need for:   * PT consult if patient has history of falls and /or mobility impairment. * OT consult. | **Maintain safe unit environment** :   * Remove excess equipment/supplies/ furniture from rooms & hallways. * Coil and secure excess electrical and telephone wires/cords. * Clean all spills in patient room or in hallway immediately.   Place a signage to indicate wet floor danger  **Institute flagging system**:  1. Apply falls risk arm band  2. Falling star (**red**) outside the patient’s door  3. Falls risk sticker on the medical record.    **Follow low & moderate falls risk interventions plus:**   * **REMAIN WITH PATIENT WHILE TOILETING** * Observe q 60 minutes unless patient is on activated bed or chair alarm. * When necessary transport throughout hospital with assistance of staff or trained care givers. Consider bedside procedure.   Evaluate need for following measure going from less restrictive to more restrictive:   * Moving patient to room with best visual access to nursing station. * Activated bed/chair alarm. * 24 hour supervision/sitter/1:1 * Physical restraint- only with authorized   Prescriber order. |