**FALLS RISK INTERVENTIONS**

|  |  |  |
| --- | --- | --- |
| **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 band2. Falling star (**yellow**) outside the patient’s door3. 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 band2. Falling star (**red**) outside the patient’s door3. 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. |