Falls: Fall Prevention Intervention Care Plan

Resident Name: ________________________________________ Room #: _____________________________
Physician: ________________________________________________________________________________

1. Toileting needs
☐ 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.
☐ Eliminate side rails and assess need for bedside commodes.
☐ Individualize toileting schedule and/or bowel and bladder retraining.
☐ Other: ___________________________________________________________________________________

2. Syncopal episodes
☐ 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.
☐ Other: ___________________________________________________________________________________

3. 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.
☐ Use a bed and/or chair personal alarm.
☐ Perform a risk/benefit analysis regarding restraint use. Note: For more information, see the restraint materials available at www.primaris.org.
☐ Encourage family/social contacts for reorientation.
☐ Assess for Falling Leaf criteria.
☐ Other: ___________________________________________________________________________________

Other: ___________________________________________________________________________________
4. 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.
- Other: ___________________________________________________________________________________
- Other: ___________________________________________________________________________________

5. 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.
- Other: ___________________________________________________________________________________
- Other: ___________________________________________________________________________________

6. 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.
- Other: ___________________________________________________________________________________
- Other: ___________________________________________________________________________________

7. 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 foam pad call light or other adaptive call lights.
- Ensure frequent visitors are aware of the use of assistive and adaptive devices.
- Other: ___________________________________________________________________________________
- Other: ___________________________________________________________________________________