

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: _____
- 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: _____
- 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: _____

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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: _____

