

PROTOCOL FOR: Falls Precautions

- POLICY:**
1. All patients in the PHP/IOP will be assessed for risk of falls and an individualized plan of care will be developed.
 2. Each patient's ambulatory status will be assessed upon admission by the Intake Coordinator.
 3. Each patient will be familiarized with the physical environment upon orientation to the program. Clinical Staff will ensure that patients have safe and easy access to their prosthetic devices.
 4. Clinical Staff will notify the Program Manager when patients are identified with difficulty in ambulation.

DESIRED PATIENT

- OUTCOME:**
1. Optimal safety of patients will be maintained within the PHP/IOP program.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Patients are considered a higher risk for falls if:
 - Over the age 55 and/or
 - On medication, and/or
 - With brain trauma
 2. Clinical Staff will educate patients individually, as necessary, teaching precautionary measures which can be utilized to maintain safety. Teaching may include, but not be limited to:
 - Rising slowly from sitting or lying positions
 - Side effects of medications which pose a threat to safety
 3. Falls precautions will be implemented for those patients who are assessed to be at risk for falling. Behaviors indicating such risks include, but are not limited to:
 - Dizziness
 - Unsteady gait
 - Lethargy
 - Hypotension
 - History of falls
 4. Falls precautions will include:
 - Increased observation of the patient at an appropriate frequency as indicated by the patient's status, and specified by physician/APRN.

PROTOCOL FOR: Falls Precautions

- Assisting the patient in ambulating as needed.
5. Falls precautions will continue to be evaluated on scheduled program days, and when need is identified and documented in the medical record.
 6. Documentation will be initiated on the Altered Health Form of the treatment plan. Information will include, but not be limited to:
 - Description of patient's behavior and status
 - Interventions implemented
 - Patient's expected response to intervention
 - Level of observation and frequency of staff contact
 - Maintenance of protocol until discontinued
 7. If a fall does occur:
 - The patient will be assessed by the APRN for injury, and referred to the ED if necessary.
 - The patient's physician will be notified for follow-up care and reevaluation of the patient's ambulatory status.
 - The event should be properly documented in the medical record/RIR initiated.
 - The Program Manager will be notified.
 - The Nurse Manager must be notified immediately if an injury is involved.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/07

REVISION DATES: 10/08