

GENERIC FALL INTERVENTIONS

**A =Assessment (nursing), R =Resident Specific,
E =Environment Concerns, F =Facility Responsibility**

A	Assess for acute change of condition.
A	Report symptom severity changes to physician.
A	Regular Medication Management.
A	Review medications with pharmacy consultant and physician.
A	Consider fluid volume deficit. Evaluate intake and output.
A	Perform nutritional assessment.
A	Evaluate the resident's electrolytes.
A	Evaluate for hypoxemia and measure oxygen saturation as needed.
R	Frequently reorient resident to the environment.
R	Evaluate chair and bed height.
R	Utilize low bed if indicated.
R	Screen for correct wheelchair adjustments and assistive devices.
R	Reduce distractions and provide redirection if necessary.
R	Assess for Hypostatic Blood Pressure (Postural Hypotension).
R	Evaluate presence and adequacy of glasses and hearing aids.
R	Have Occupational Therapist treat for low vision, peripheral vision and visual clutter disorders - they can really help!
R	Instruct resident to request assistance as needed.
R	Maximize the resident's time out of bed as much as possible to increase tolerance.
R	Keep furniture and other objects in the same position.
R	Inform and educate facility members regarding plan of care to prevent falls.
R	Encourage non-slip shoes, socks and correct size footwear.
R	Provide easy to manage clothing and clothing fasteners.
R	Provide individualized toileting schedule and/or bowel and bladder retraining.
R	Provide gait and balance training.
R	Encourage family/social contacts for reorientation.
R	Ensure frequent visitors are aware of the use of assistive and adaptive devices.
R	Provide treatment for depressions if indicated.
R	Maintain adequate pain management.
R	Utilize strategies for behavior management.
R	Routines established for residents and providing adequate rest times.



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GENERIC FALL INTERVENTIONS (cont.)

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R/E	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 light.
R/F	Teach compensatory techniques for postural hypotension; Teach the resident to change positions slowly, especially from lying to sitting to standing. Breathing for 20 seconds when first rising to seated position from lying down. Upper extremity activity for temporary increased BP prior to standing.
E	Provide a calm, quiet environment.
E	Remove environmental hazards and clutter, keep pathways clear, lock bed wheels.
E	Provide non slip carpets.
E	Provide hand rail for support.
E	Maintain adequate lighting.
E	Keep a small night light on in the resident's room.
E	Maintain resident equipment – e.g. wheelchair, walker, bed wheels.
E	Keep items resident regularly uses within their reach.
E	Maintain level floor space.
E	Avoid using floor space when cleaning signs are up.
E	Mop up all accidental spills immediately.
E	Give resident reassurance, leave door open at night for regular checks.
E	Ensure the hallways are clear of obstacles.
E	Ensure the pathway to the bathroom is free of obstacles and properly lighted.
E	Increase resident comfort levels – recliner seat, gentle exercise, pillows, good positioning.
E	If pets allowed in the facility, always be aware of their location.
E	Weather watch – keep paths cleared of ice and snow.
F	Enforce safety policies and procedures.
F	Awareness of chronic illnesses and/or disabilities of all residents.
F	Awareness of residents with low blood pressures.
F	Provide foot/nail care and podiatry consultation.
F	Answer call lights promptly and keep within reach of resident.
F	All staff to identify and report safety concerns.
F	Regular staff fall prevention meetings to track past and current data.
F	Review sleeping patterns.
F	Provide staff trainings on behavior management skills.
F	Track and trend unsafe behavior patterns.
F	Correct transfer procedures adhered to by staff.
F	Consult with Physical and/or Occupational Therapists for retraining residents.
F	Communicate "at risk" status during shift report and with other disciplines as appropriate.