**Patient Fall Reduction Strategies**

|  |  |
| --- | --- |
| Contributing Factors | Reduction Strategies |
| Lack of standardized fall prevention program  | * Reference the Center Fall Prevention Policy and Procedure, and tools
* Implement center wide education initiative for all employees
* Display employee fall prevention poster
* Identify a physician champion to cultivate a culture of safety within the Center and gain the support of the medical staff members
 |
| Absent or inconsistent fall scale rating by healthcare team | * Reference the Center Fall Prevention Policy and Procedure, and tools
* Use the policy approved fall assessment tool for the initial assessment and reassessment
* Train staff on the fall risk assessment tool and policy on use
 |
| Absent or inconsistent patient and family pre-operative fall prevention education  | * Reference the Center Fall Prevention Policy and Procedure, and tools
* Display patient fall prevention poster
* Ensure all patients and family members receive fall prevention education in pre-operative area
* Provide patient falls brochure to patient/family
 |
| Patient and family awareness and acknowledgment of the patient risk for falls  | * Patient expectation is a critical factor in preventing falls
* Inform of the patient of what to expect in recovery
* Let the patient know they may feel fine but the sedation/anesthesia places them at a high risk for falls
* Set the expectation that a nurse or designee with be responsible for assisting them with dressing and walking
* Document their acknowledgement in the chart
 |
| Patient on one or more medications increases the risk of falls (e.g., antidiabetic agents, cardiovascular agents, antipsychotic agents, anticonvulsants, anticholinergics, and analgesics | * Patient education on medication side effects and the increased risk of falls
* Provide patient falls brochure to patient/family
 |
| Patient did not know about, forgot about or did not to use call light | * Let the patient know they may feel fine but the sedation/anesthesia places them at a high risk for falls
* Educate patient and family on the use and indications for using the call light for assistance
* Place call light at patient side and reinforce use when using the restroom or getting into and out of bed
 |
| Patient did not know about, forgot about or did not seek help and fell while toileting | * Let the patient know they may feel fine but the sedation/anesthesia places them at a high risk for falls
* Educate patient on the using the call light for assistance when toileting
* Place call light at patient side and reinforce use when using the restroom or getting into and out of bed
 |
| Patient did not know to, forgot to or did not seek help and fell while dressing | * Let the patient know they may feel fine but the sedation/anesthesia places them at a high risk for falls
* Educate patient and family on need for nursing assistance when dressing
* Educate patient that family can be present while the nurse or designee is assisting with dressing
* Place call light at patient side and reinforce use when ready to get out of bed to get dressed
 |

**Remember:**

* It is important that *all staff* receive the same education and training regarding patient fall prevention
* Pre-operative fall risk education to the patient and family is critical in falls prevention
* Treat *all* patients as a fall risk post-sedation
* The nurse or center designee should assist *every*patient with dressing and ambulation *- do not rely on the family*