

FALL ASSESSMENT INTERVENTION TOOL

Take the resident's identified risk factors and cross walk to suggested interventions.

A • = an intervention to consider specific to the risk factor. If **Bold/Italics**, may require physician order prior to use.

	New admission	Psychoactive medication	Cognition	Dizziness/vertigo	Incontinence	Fall within past 30, 31-100 days	Restraint	Visual impairment	Functional mobility	Wandering	Communication
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INTERVENTIONS	RISK FACTORS										
Positioning Devices											
Wheelchair cushions: wedge, pummel, sit straight			•			•	•		•		•
Wheelchair leg rest(s)							•		•		
Wheelchair Anti-tippers							•				
Tray – ½ lap tray, full tray		•	•			•	•		•		•
<i>Mobility aides: w/c, walker</i>		•	•	•	•	•	•		•	•	•
Back cushions, body pillow							•		•		
Waist safety belts: self release, clip			•	•		•	•	•	•		•
Bed position: against wall		•	•	•		•	•	•	•		
Bed position: Close to nurses station	•										•
Seating system: w/c, rocking chair, Glider	•	•	•	•		•			•		•
Specialty beds: low beds, mattress on floor, double mattress	•	•	•	•		•	•	•	•	•	
Mattress—therapeutic with soft sides						•					
Safe beds—bed stoppers, bed blocks	•		•		•	•				•	
Side rails; ½, one or two	•	•	•	•		•		•	•		•
Pool noodle, bed bolsters, ½ padded side rails(s)	•	•	•			•	•	•	•		•
Transfer device: lift, pivot/sliding board		•	•			•		•	•		
Restorative Programs											
ROM	•					•	•		•	•	
Splint/brace	•					•	•		•		
Bed mobility/wheelchair positioning	•	•	•	•	•	•	•	•	•	•	
Transfer training	•	•	•	•	•	•	•	•	•	•	
Ambulation	•	•	•	•	•	•	•	•	•	•	
Self care	•	•	•	•	•	•	•	•	•	•	
Amputation/Prosthesis	•					•		•	•		
Bowel/Bladder program	•	•	•		•	•	•	•	•	•	
Communication			•			•	•		•		•
Environmental/Orientation											
Brightly labeled items	•		•			•		•	•	•	•
Toilet symbol on bathroom door	•		•		•	•		•		•	•
Personal assistive devices labels			•			•			•		•
Signage—stop sign, no exit										•	•
At-Risk Environmental Rounds	•	•	•	•	•	•	•	•	•	•	•
Use communication boards/cards						•		•			•
Speak clearly and directly to resident by name	•	•	•			•	•	•	•	•	•
Explain to resident what is to occur prior to initiating			•								•
Keep consistent daily routine			•					•			•
Use simple 'yes/no' phrases			•								•
Other											
Nightlight	•	•	•	•	•	•		•	•	•	•
Remove clutter in room	•	•	•	•	•	•	•	•	•	•	
Monitors: motion detector			•		•	•	•	•	•		
Restraint-free alarm: clip bed, chair	•	•	•		•	•	•	•	•		•

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INTERVENTIONS	RISK FACTORS									
Other, continued										
Toileting—raised toilet seat, commode next to bed, urinal		•	•	•	•	•	•	•	•	
Grab bars—bed, bathroom			•	•						
Floor/bath mat	•	•			•	•		•	•	
Individualized toileting schedule		•			•		•			
Frequent offers to toilet resident		•								
Wear glasses for functional activities, strap	•	•	•	•	•			•	•	•
Sufficient lighting							•			
Activities Program—out specific, daily, content, exercise	•	•	•	•		•	•	•	•	•
Behavior Tracking	•	•	•		•	•	•		•	
Foods to promote relaxation, offer fluids		•	•			•			•	
Alternative call mechanism—bell, alarm, tap bell	•	•	•		•	•	•	•		•
Encourage resident to ask for assistance	•	•	•	•	•	•	•	•		
Daily naps		•	•	•		•	•		•	
Nap with shoes on	•		•	•	•	•		•	•	
Ensure proper foot wear at all times	•		•	•	•	•	•	•	•	
Encourage daily wear of assistive hearing device	•		•	•		•		•	•	•
Utilize lift – marisa, sara, walker, maxi lift	•		•	•		•			•	
Referral to PT/OT/ST (functional programs)	•					•			•	
Keep personal items within reach	•	•				•		•	•	
Orient to room	•									
Encourage resident to sit at edge of bed before standing		•		•						
Direct visual supervision			•							
Monitoring/Safety Checks (15-30 minutes)	•		•							
Monitor for signs and symptoms of orthostatic hypotention		•								
EFFECTIVE PAIN MANAGEMENT										
Monitor medication side effects				•						
Monitor for gait disturbances				•					•	
Assess/monitor for signs and symptoms of UTI					•					
Non-skid surface						•	•			
Provide Adaptive equipment (reachers)						•			•	
Ambulate routinely							•			
Evaluate for restraint reduction							•			
Protective equipment (helmet, knee/elbow pads)							•			
Resident safety alarm (wander guard, secure guard)									•	
Educate resident/family utilizing Risk Brochure	•	•	•	•	•	•	•	•	•	•