

SUGGESTED RESIDENT INTERVENTIONS TO MANAGE FALLS

FALL FROM BED

Resident Able to Transfer

- Make sure bed is locked and in lowest position
- Provide a night light
- Clear path to the bathroom—no obstacles
- Call light within reach and secured
- Toilet schedule
- Footwear to prevent slipping (ex. Socks with grippers)
- Placement of assistive devices (within reach but not an obstacle)
- Assessment for ½ rails for mobility
- Assess for need for pain medications
- Offer fluids and snacks between meals at HS

Resident Unable to Transfer Self:

- Bedside table with needed items within reach
- Contour mattress
- Body pillows for positioning
- Assessment for ½ rails
- Bed alarm to alert staff to position changes
- Toileting schedule
- Assess for need for pain medications
- Mat beside bed
- Offer fluids and snacks between meals, HS
- Chair alarms to alert staff to position changes

FALL OUT OF WHEEL CHAIR

Assess reason for fall in order to choose appropriate intervention—ex. Reaching, attempting transfer or standing, leaning too far forward, sliding out of chair, etc.

- Assess for pain
- Keep wheelchair unlocked if the resident has a need to move
- Rocking chair
- Activity programming—exercises, TV programs
- Offer snacks, fluids between meals
- Toileting schedule
- Chair alarms to alert staff to change of position
- Seat chair alarm if resident disables other alarms
- Chair alarms with appropriate length cord to cue resident as to how far they can safely reach
- Restorative programming
- Assess that wheel chair is of appropriate size, assess need for footrests; assess for need to have a wheelchair locked/unlocked for safety
- Drop seat in wheelchair if necessary
- Assess for anxiety/behaviors—involve Social Services for interventions

FALLS WITH COGNITIVELY IMPAIRED RESIDENTS

- Toileting programs, schedule
- Ask families to make an activity basket, memory book, photo albums
- Restorative programs—exercises, ambulation
- Appropriate footwear
- Alarms (chair, bed) – to alert staff to changes of position

SUGGESTED RESIDENT INTERVENTIONS TO MANAGE FALLS (continued)

FALLS FOR AMBULATORY RESIDENTS

- Monitor, remind resident appropriate use of assistive devices
- Appropriate footwear
- All shoes worn should be slip resistant with tread on the bottom
- Shoes should be firm and have low, even heels
- Avoid thick soled shoes and those with a negative heel (e.g. running shoes or earth shoes)
- Shoes should not be too large or too small and socks should always be worn
- Refer to podiatrist for podiatry problems
- Use gripper socks when shoes cannot be worn
- Give proper foot care and frequent assessment
- Observe residents walking in their shoes and assess for difficulties
- Remind, monitor residents ability to maneuver change in flooring *ex. Carpet to tile)

RESIDENTS WITH MULTIPLE FALLS

- Trending of falls for the individual—time of day, reason for fall, location of fall, etc.
- Consider room change to move resident closer to the nurses station
- Keep resident in view during high risk times if possible
- Refer to therapy
- Discuss at stand up, grand rounds, with interdisciplinary team
- Restorative programs—ambulation
- Have staff member from each shift come up with individual interventions for residents with frequent falls
- Have family / friends visit at high risk times as “partners in caring”
- Discuss reason for falls with direct care givers
- Communicate planned interventions to all associates
- Routine monitoring for implementation of interventions
- Involve Recreation for activity interventions:
 - Tai Chi/Exercise/Movement groups fro frequent fallers.
 - Falls Focus Exercise Group with emphasis on challenging the “movement” causing the fall ie “reaching”
 - Favorite TV programs, radio shows for high-risk times
 - Hydration group—activity during risk times.
 - Resident specific Activity “Bag of Tricks” for staff to use
 - Activities scheduled for residents at their high risk times
- Assess medical condition/medication as possible causal factors:
 - Examples:
 - Pain Management with consideration of pain assessment for cognitively impaired
 - Blood sugar fluctuations
 - Blood pressure fluctuations, orthostatic
 - UTI or other infection process
 - Timing of medications in relation to falls
- Assess for need for restraint—least restrictive
- Evaluate need for high/low bed