



PATIENT SAFETY TOOL BOX TALKS®

SAFE CARE & SUPPORT

FALLS PREVENTION

v1.1



SERVICE USER FALLS PREVENTION IN HEALTHCARE

THINK ACE !!!!



ASSESS

Investigate service users falls history as this is the strongest predictor of future falling is a previous fall (HSE 2008, Lyons, 2005). Include falls at home & in hospital during the past one-year.

On admission, using the appropriate falls risk assessment tool:

- Complete falls risk assessment on all service users > 60yrs .
- Complete falls risk assessment on service users <60yrs who had a history of fall in the past 12 months or,
- If your nursing assessment identified that a falls risk assessment is required.
- Identify service users' risk rating in line with local guideline/policy.



CARE PLAN

Initiate appropriate care plan and ensure the following:

- Service user has been orientated to ward layout
- Call bell is in working order & in reach of service user and its use explained.
- All other service user necessities are within easy reach at all times
- All walkways are kept clear of objects that could pose a threat to service user safety
- There is adequate night lighting.
- Service user is wearing appropriate footwear and that the service user's clothing is not trailing
- Service user wears correct glasses /lenses, if required
- Service user is on appropriate seating following occupational therapist assessment.
- Leave bed in low position with brakes on when service user is unattended.
- Referral to relevant member of multidisciplinary team
- If hip protectors are considered **Apply** in line with local guideline/policy service user.



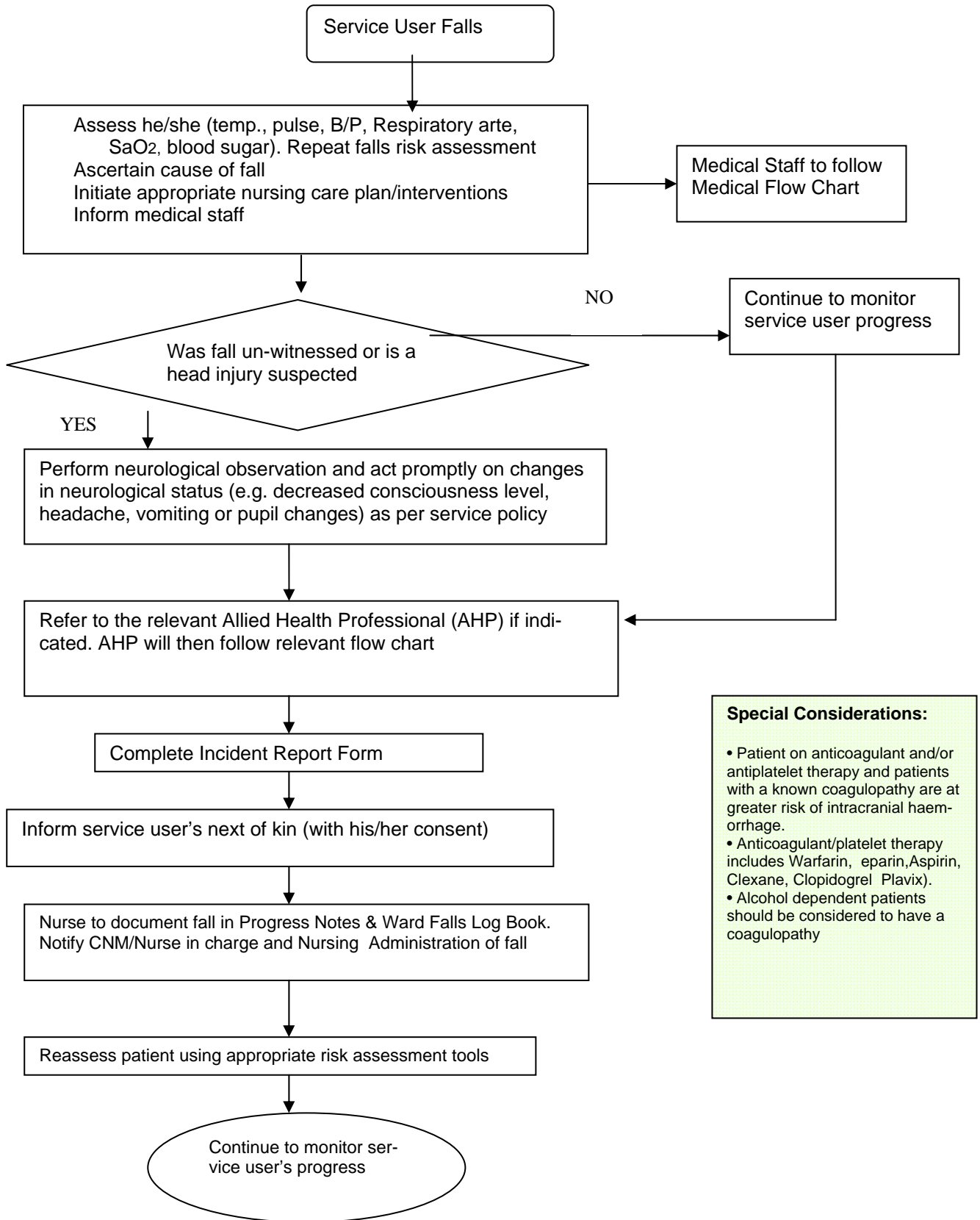
EVALUATE: Reassess the service user's falls risk:

- Weekly
- If service user's criteria change
- If service user falls

FALLS PREVENTION IS EVERYBODY'S RESPONSIBILITY

Multidisciplinary Post-Fall Process Flow – What to do if a Service User falls

(Adapted from Mid-Yorkshire Hospital Trust and the NSW Clinical Excellence Commission 2008)



Special Considerations:

- Patient on anticoagulant and/or antiplatelet therapy and patients with a known coagulopathy are at greater risk of intracranial haemorrhage.
- Anticoagulant/platelet therapy includes Warfarin, eparin, Aspirin, Clexane, Clopidogrel Plavix).
- Alcohol dependent patients should be considered to have a coagulopathy

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