

INPATIENT FALL PREVENTION PROGRAM

PATIENT ADMITTED TO THE HOSPITAL



**Morse Fall Risk Assessment
Completed with every Nursing
Admission Assessment**

Low Fall Risk
(score 0-24 points)

Moderate Fall Risk
(score 25-44 points)

High Fall Risk
(45 points or more)



LOW FALL RISK

Universal Fall Prevention Measures:

1. Orient to surroundings.
2. Explain purpose & use of call light.
3. Maintain bed in low position with wheels locked.
4. Use only upper side rails (not ICU).
5. Make sure patient has & wears non-skid foot wear.
6. Lock movable transfer equipment.
7. Instruct patient not to use overbed table as a mobility device.
8. Provide fall prevention education.

MODERATE FALL RISK

All Universal Fall Prevention measures,

PLUS:

1. Instruct patient to call for assistance before getting up
2. Request PT/OT consult
3. Request Nutrition consult
4. Additional patient-specific prevention measures

HIGH FALL RISK

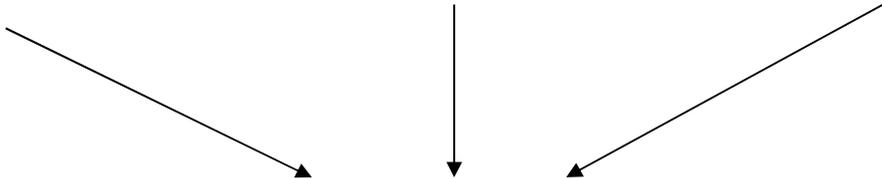
All Universal Fall Prevention measures,

PLUS All Moderate Risk measures,

PLUS:

1. **YELLOW** arm band on patient
2. **YELLOW** non-skid socks provided
3. **YELLOW** lap blanket provided
4. **YELLOW** star picture on door.
5. Bed alarm activated.
5. Additional patient-specific prevention measures

**Fall Risk Reassessment
completed every shift
in CPRS**



Patient is Discharged

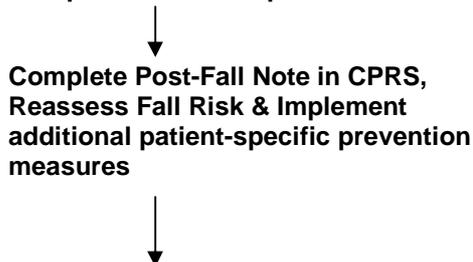
Patient Falls



**Assess for injuries & treat;
Complete incident report in VISTA**

**Complete Post-Fall Note in CPRS,
Reassess Fall Risk & Implement
additional patient-specific prevention
measures**

Patient is Discharged



Patient-Specific Fall Prevention Measures:

INTERVENTIONS	AREAS OF RISK					
	Has a History of Falls	Has a Secondary Diagnosis	Uses Ambulatory Aids	Has an IV or Saline Lock	Has Gait &/or Transfer problems	Forgets Limitations
Special low bed	X	X	X		X	
Comfort/ toileting rounds q1-2 hrs	X	X			X	X
Monitor orthostatic BP with VS	X	X				
Individualize equipment to patient needs	X				X	
Personal care items within reach	X	X				X
Bed & wheel chair alarms in use	X				X	
Reinforce need for assisted or supervised transfers	X					
Consult PT for further evaluation	X	X	X		X	
Implement PT recommendations	X	X	X		X	
Ask Pharmacy for medication review		X				
Instruct regarding meds, side effects & interactions		X				
Assign patient to bed that allows exit on strongest side		X			X	
Individualize equipment in room to patient's needs		X				
Insure ambulatory devices are in good repair			X			
Assess patient's use of ambulatory devices & educate for safe use			X			
Use gait belt when assisting with ambulation			X		X	
Provide education regarding IV tubing & tripping hazards				X		
Provide education regarding effects of IV medications				X		
Use transfer equipment					X	
Elevated toilet seat in bathroom					X	
Toileting devices at bedside (i.e. commode &/or urinal)					X	
Remain with patient during toileting					X	
Move to bed closer to Nurse's Station						X
STOP sign at bedside						X
Wander Guard device in use						X
Re-educate & remind patient regarding safety						X
Nutrition consult		X				
Orient patient to clock & calendar						X
Safety Attendant at bedside	X					X
Family member at bedside	X					x

Updated 4/2008