Care Plan

Bradford Teaching Hospitals NHS
NHS Foundation Trust

NAME_____

D.O.B._____ UNIT No. _____

Falls Prevention

PROBLEM
Patient is at risk of falling.
This is a new/recent acute problem: YES/NO.
This is a long standing problem: YES/NO.

Cause if known _____

AIM
To identify and manage significant falls risk factors.
To orientate the patient as appropriate to ensure safety.
To risk assess and take appropriate preventative action

ESSENTIAL

1. **Assess on admission using STRATIFY risk assessment tool with at least weekly review or following each fall**
2. **Use Yellow wrist band for at risk patients**
3. **Facilitate observation of patient by placing in an easily observable area of ward were possible.**
4. **Consider use of low height bed if at risk of falls from bed/ if not available keep bed at lowest height when care not in progress**
5. **Consider use of bed rails following documented risk assessment – follow trust policy**
6. **Monitor supine and erect blood pressure daily for 3 days minimum stop if normal**
7. **Ensure medication review completed by medical team**

Please consider the following and tick all that are appropriate

8. ☐Ensure required items within easy reach of patient including nurse call buzzer
9. ☐Identify and use appropriate safety aids (tick those which apply)
   - ☐...non slip mats,
   - ☐...one way glide,
   - ☐...bed alarm
   - ☐...chair alarm,
   - ☐...hip protectors
10. ☐ Record observations using MEWS algorithm at least daily and following any falls event
11. ☐ Report any abnormal observations to medical team
12. ☐ Liaise and refer to therapy services for assessment, walking aids, activity of daily living functions and safety
13. ☐ Follow specific instruction from physiotherapist with regard to assistance needed and walking aids when mobilising patient
14. ☐ Identify and take action on potential hazards
15. ☐ Reassure and give full explanation of the plan of care and investigations,
16. ☐ Check patient has appropriate footwear- consider slipper exchange if available
17. ☐ Provide regular toileting and assistance as required- do not leave on the toilet unattended please wait outside.

DISCHARGE

18. Start discharge planning early in consultation with the MDT following discharge planning care pathway
19. Refer to community falls service via District nurse
20. Ensure discharge letter to GP includes reference to the patient being at risk of falls.
21. Ensure any aids or equipment ordered for discharge has been delivered
22. On discharge-Give falls prevention / health promotion / hip protector info. Give patient details of any outpatient sessions i.e balance and gait, falls assessment clinic (recommended by physio)

Is home emergency plan required? : - e.g. how to get up off floor, ils the phone accessible?
Is Care Line appropriate? Are pillow / blankets within reach?

Name.....
Hospital Number .....
NHS Number.....
DOB.....
Addressograph label

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FALLS ASSESSMENT: INPATIENTS SUMMARY & CHECKLIST

Record abnormal findings and plan of action

1. Vision .....
vari/,bifocals? fundoscopy, visual acuity, Advice, Opticians, Ophthalmologist

2. Feet/Footwear.....
Advice leaflet, slipper exchange, chiropodist

3. ≥ 4 Medications .....
Review, reduce

4. Psychotropics .....
Review, reduce

5. Mental state.....
Delirium, depression, dementia, Treat, minimize

6. Postural hypotension.....
L/S BP on all: Review medications, treat illness, fluids, advice leaflet

7. Suspected Syncope.....
Record ECG findings & Consider CSM, Ambulatory ECG, BP and Tilt

8. Neurological .....
investigate, treat,, physiotherapy

9. Fear of Falling.....
physiotherapy

10. Impaired Gait or Balance.....
physiotherapy

11. Acute illness.....
TTU, investigate, treat

12. Osteoporosis risk factors.....
steroids, previous fragility fracture : bisphosphonates DEXA

13. Started Calcium and Vitamin D?.....
check calcium

14. Hip protectors recommended? .....
if very high falls risk use on ward and consider recommending to family at discharge

15. Home Assessment.....
environmental modifications, occupational therapy, physiotherapy

16. Care Alarm needed.....
social services

17. Other verbal or written information?.....

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NAME_____

WARD_____ UNIT No. _____

Diagnosis on admission_____

Falls Risk Stratify Tool

The risk stratify tool should be completed for all patients 65 years and over on admission and weekly thereafter. If a patient falls then they should be re-assessed immediately.

If the patient is on bed rest and the following criteria do not apply then no further action is required Please date and sign_____. Please restart assessment when bed-rest no longer applies.

Please answer the questions below Place the score in the column provided	**Date**	**Date**	**Date**	**Date**	**Date**
Has the patient fallen in last 12 months? **Yes-1 No-0**					
Are they agitated? **Yes-1 No-0**					
Are they visually impaired affecting everyday function? **Yes-1 No-0**					
Are they incontinent or requiring frequent toileting? **Yes-1 No-0**					
Transfer and mobility score 3 or more when score totalled? (see table below. Look at transfer capabilities and find score. Look at mobility capabilities and find score, then add these 2 scores together) When score totalled: if score 2 or less then score = 0 if 3 or more then score = 1					
Total score					
Initials					

BED/ CHAIR TRANSFERS	Totally independent- 3 Minimal help-2 Heavily dependant-1 Unable- 0	**MOBILITY**	Independent -3 With help- 2 wheelchair-1 Immobile-0

Is the patient affected by any of the following criteria:- Yes -√ No-x	**Date**	**Date**	**Date**	**Date**	**Date**
Risk stratify score ≥ 2					
Reduced transfer capabilities					
Cognitive Impairment such as dementia and or delirium					
Able to stand independently but requires help to walk					
Postural hypotension					
Initials					

If the falls risk stratify is ≥ 2 or you have answered yes to any of the above sections then the patient is at risk please implement the falls care plan

DATE_____ **NAME**_____ **SIGNATURE**_____

POST FALLS GUIDANCE CHECKLIST
To be completed for all falls incidents

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NAME_____ UNIT No. _____

FOR CLASSIFICATION OF INJURY PLEASE SEE FALLS MANAGEMENT FLOW CHART
All falls (apart from death) complete section 1 **Minor injury** also complete section 2
Moderate harm also complete sections 2 and 3 **Severe injury** also complete sections 2, 3 and 4
Death complete section 5

	INSTRUCTIONS	Signature	Date
SECTION 1	MEWS recorded stat and rechecked 4 hourly until reviewed by consultant or registrar		
	Condition monitored and orthostatic blood pressure recorded		
	Incident report and supplementary information completed		
	Stratify score reassessed or completed		
	Falls care plan updated or commenced		
	Incident reported in patients notes		
	Preventative action taken to prevent reoccurrence		
	Name and bleep number of medical staff contacted		
	Relatives informed		
	Consultant informed of fall incident		
SECTION 2	Relevant first aid given to injuries		
	Analgesia given if required		
	MEWS score rechecked after 1 hour		
	MEWS score monitored 4 hourly or as clinically indicated until reviewed by consultant or registrar		
SECTION 3	For head injuries neurological observations were recorded stat and then as per NICE guidance (see neuro obs chart).		
	MEWS checked stat and then hourly until reviewed by consultant or registrar		
SECTION 4	Escalated to registrar or consultant where necessary.		
	Guidelines for raising patients off the floor with a suspected fracture have been followed		
	Patient received relevant investigations (eg x-ray/ CT scan) **If suspected head injury** – Head injury pathway followed.		
	Investigations reviewed by medical staff and acted upon appropriately		
	RCA completed for an intra-cranial bleed or fracture		
	Matron informed		
	PSM informed		
	Bed manager informed if out of hours		
	Consider RIDDOR reporting		
	Consider SI report		
SECTION 5	Inform consultant (on call if out of hours)		
	Matron contacted		
	PSM contacted		
	bed manager contacted if out of hours		
	Incident report completed		
	Incident reported in patients notes		
	Statement of fact sheets completed by staff involved		
	Relatives informed		
	RCA completed		