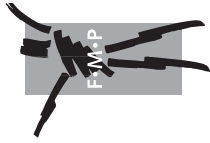


# Appendix **B**

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## List of Appendix Items

1. FMP Self-Assessment
2. Tracking Record for Improving Patient Safety (TRIPS)
3. FAX Alert
4. Falls Assessment
5. Falls Assessment Cue Sheet
6. Mobility and Transfer Assessment
7. Wheelchair Seating Assessment
8. Unsafe Behavior Worksheet
9. FMP Entry Log
10. Primary Care Provider FAX Report and Orders
11. Fall Interventions Plan
12. Fall Interventions Monitor
13. Pre and Posttests for Inservice #1, Why Falls Happen
14. Pre and Posttests for Inservice #2, How to Reduce Falls
15. Pre and Posttests for Inservice #1, Why Falls Happen, Spanish
16. Pre and Posttests for Inservice #2, How to Reduce Falls, Spanish
17. Handout for Inservice #1, Why Falls Happen
18. Handout for Inservice #2, How to Reduce Falls
19. Handout for Inservice #1, Why Falls Happen, Spanish
20. Handout for Inservice #2, How to Reduce Falls, Spanish
21. Facts and Flow Chart
22. Suggestions for Further Assessment and/or Interventions
23. Resources
24. Letter to Primary Care Providers
25. Ways Families Can Help Reduce Fall Risk
26. Reducing Falls: A Safety Checklist for the Home
27. Living Space Inspection
28. Nursing Inspection List
29. Engineer Inspection List
30. Engineer Cane/Walker Inspection
31. Engineer Wheelchair Inspection



# The Falls Management Program

## Self-Assessment Tool

The purpose of the FMP Self Assessment Tool is to identify what processes of care your facility has in place and what areas need improvement. It is divided into 7 areas of focus. Use your facility's policies, procedures and general practices to answer the questions listed under the first 4 areas (A, B, C, D). To answer the questions listed under the last 3 areas (E, F, G) in the Chart Audit, select a minimum of 5 residents who have fallen during the last 6 months. Answer the questions based on the documentation you find in each resident's chart and care plan. Further instructions are provided in the Chart Audit section. Complete the Plan for Improvement when finished.

<b>A. Culture, Organizational Commitment and Team Skills (Chapter 1)</b>		Yes	No	Comments
1.	Updated policies and procedures for a comprehensive Falls Management Program?			
2.	Appointed falls team leader and resource person for staff?			
3.	Selection of staff members (including one or more CNAs) for interdisciplinary falls team?			
4.	Weekly falls team meeting using ground rules, a leader, timekeeper and recorder?			
5.	Effective team problem solving to develop and monitor interventions for recurrent fallers?			
6.	Administrator and DON attend team meetings periodically and monitor falls data at least monthly?			
7.	No blame/no shame environment with honest investigation and reporting by staff?			
8.	Celebration of success stories and rewards for caregivers who reduce falls?			
9.	Adequate staffing for leader to spend 8 hours/week and team to meet for 30 minutes/week?			
10.	Funds for adaptive equipment, environmental modifications and wheelchair improvements?			
11.	Activity programs for frequent structured supervision of residents?			
12.	Employee orientation materials emphasize importance of and facility commitment to resident safety?			
<b>B. Data Collection and Analysis (Chapter 3)</b>		Yes	No	Comments
1.	Accurate completion of fall incident report form by all licensed staff?			
2.	Monthly falls analysis by: location and time of fall shift and day of week type of injury	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Monthly falls analysis by # of falls, fallers, patients $\geq 2$ falls and falls with serious injury?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Falls data reported to medical director and primary care providers every quarter?			
5.	Feedback about falls data given to direct care staff each month?			
6.	Falls data trended over 6 months or more?			

C. Staff Training and Information for Primary Care Providers, Families and Residents (Chapter 5)	Yes	No	Comments
1. Education on falls management during new employee orientation and CNA training?			
2. Annual inservice training on falls management for all staff?			
3. Staff education materials including: facility policy and procedures internal and external fall risk factors and consequences of falls high-risk medications, sleep hygiene measures for management of anxiety low blood pressure precautions low vision precautions safety during transfer, ambulation and wheelchair use unsafe behaviors, monitoring devices and management strategies environment and equipment safety hazards and methods for improvement foot care and footwear	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. All nurses trained in a fall response system that includes: immediate evaluation and increased monitoring of resident investigation of fall circumstances documentation of fall immediate intervention within first 24 hours falls assessment care plan development	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. Information for families and residents on falls risk reduction?			
6. All primary care providers given information about the program and their role?			
D. Environment and Equipment Safety (Chapter 6)	Yes	No	Comments
1. Regular inspection of all residents rooms and bathrooms for safety problems including: clutter poor or insufficient lighting unstable furniture hard-to-reach personal items unsafe flooring footwear and foot care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. All staff trained to inspect and report environmental and equipment safety problems?			
3. Repair of reported safety problems in a timely manner by maintenance staff?			
4. Inspection and repair of all wheelchairs, canes and walkers every 6 months?			
5. Communications and inspections documented for ongoing monitoring and accountability?			

**Chart Audit Instructions:** Select the charts of 5 residents who have fallen within the past 6 months. For each selected resident, read through the chart and care plan to answer all 24 questions. Check yes (Y) or no (N) in the column under each chart across from each question. If the question does not apply to a resident, write NA in either box. For accuracy, use only the information that is written in the chart and care plan. Common locations of the information as well as rationales are described below.

**Section E: Screening and Assessment**

*Location* MDS for risk and history; physician notes, nurses notes, assessment form and any other that may include different components of the assessment such as notes by the physical or occupational therapist.

*Rationale* All of the listed areas of risk are components of an interdisciplinary, comprehensive assessment process. All areas warrant assessment and should be accessible in the medical record. Appropriate referrals during the assessment process should be evident and easily tracked through documentation.

**Section F: Care Plan Development**

*Location* Care plan, nurses notes, progress notes.

*Rationale* All areas of concern identified during assessment should be addressed with specific individualized interventions. Dates of implementation for new interventions should be included to show completeness and follow through.

**Section G: Monitoring Implementation and Resident Response**

*Location* Nurses notes, interdisciplinary progress notes, consultant notes and care plan; after a fall, all items under # 21 should be investigated with a written summary in the nurses or progress notes.

*Rationale* The medical record must show the success or failure of new interventions that are being trialed. In the event a new intervention has been unsuccessful, revisions of the care plan and subsequent progress notes should be evident. After a resident falls, documentation should reflect a new intervention added within 24 hours, increased monitoring during the next 72 hours and physician involvement.

## Chart Audit

**E. Screening and Assessment (Chapter 4)**

	Chart 1		Chart 2		Chart 3		Chart 4		Chart 5	
	Y	N	Y	N	Y	N	Y	N	Y	N
1. Residents screened for fall risk on admission, readmission or last MDS?										
2. History of falls documented in the medical record?										
3. Comprehensive falls assessment completed for those identified at high risk during screening or after resident's initial fall?										
4. Falls assessment reflects a multidisciplinary approach addressing the following risk factors: underlying medical condition(s) high-risk medication use (antipsychotics, antidepressants, benzodiazepines, sedative/hypnotics, digoxin) orthostatic hypotension poor vision mobility/gait/transfer problems wheelchair seating problems unsafe behavior(s) environmental hazards unsafe footwear/foot care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assessment of all risk factors complete and documented with the appropriate health professionals contacted for additional follow-up?										

# Chart Audit

## F. Care Plan Development (Chapter 4)

	Chart 1		Chart 2		Chart 3		Chart 4		Chart 5	
	Y	N	Y	N	Y	N	Y	N	Y	N
6. Orders from primary care provider, therapist, and other professionals added to care plan?										
7. Treatment of underlying medical conditions in care plan?										
8. For residents with changes in an antipsychotic, antidepressant, benzodiazepine or sedative/hypnotic, does care plan include sleep hygiene measures and behavior management interventions to reduce anxiety, agitation and other behavioral symptoms?										
9. For residents with changes in digoxin, do the nurses notes or care plan include adequate monitoring of apical heart rate?										
10. For residents with any of the following unsafe behaviors, does care plan include general behavior management strategies and specific interventions to reduce risk of injury, increase comfort, provide assistance and increase surveillance? trying to get out of bed alone unsafely trying to stand, transfer or walk alone unsafely walking or pacing when too tired to be safe propelling or walking alone in unsafe areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. For residents with orthostatic hypotension, does care plan address changes in medications and low BP precautions?										
12. Does care plan include interventions to minimize falls risk during: toileting transfer ambulation ADL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. For residents in wheelchairs, does care plan include interventions to improve positioning and comfort and to ensure correct fit?										
14. For residents with poor vision, does care plan include low vision precautions?										
15. Have environmental and equipment hazards been corrected?										
16. Interim plan of care implemented while falls assessment and care plan are completed?										
17. New intervention added within 24 hours of each fall?										

# Chart Audit

## G. Monitoring Implementation and Resident Response (Chapters 2 and 4)

	Chart 1		Chart 2		Chart 3		Chart 4		Chart 5	
	Y	N	Y	N	Y	N	Y	N	Y	N
19. Monitoring of success or failure of interventions documented in the nurses, progress or consultant notes?										
20. Review of interventions and revision of care plan by falls team? <b>If the resident has fallen within the past 6 months,</b>										
21. Data collected after each fall? (If fall is unwitnessed, give credit for investigation.) cause time, location, day of week, shift activity at time of fall equipment used footwear staff present assistive device restraint use side rail use results of fall (BP, BS, mental status, VS, tests ordered, ER or hospital visit) description of injury process and results of notification of family and MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the primary care provider refer to resident's fall and/or risk factors in first progress note after fall?										
23. Care plan revision with new interventions added based on data collection at time of fall?										
24. Nurses notes reference fall and show increased monitoring for 72 hours after fall?										

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Plan for Improvement

1. Once you have completed the self-assessment for all 7 areas of focus in the Falls Management Program, determine which of the areas need improvement and develop a plan. Improvement in some of the areas requires changes in the facility's management strategies and improvement in other areas requires changes in care practices.

Using the checks under **Yes** or **No** on the previous pages, determine which areas have one or more questions answered "**No**." For those areas with a **No**, put a check by it in the list below. Your falls team should review those areas and identify priorities for improvement.

### Areas that need improvement

- \_\_\_\_\_ Culture, organization commitment and team skills
- \_\_\_\_\_ Data Collection and Analysis
- \_\_\_\_\_ Staff Training and Information for Primary Care Providers, Family and Residents
- \_\_\_\_\_ Environment and Equipment Safety
- \_\_\_\_\_ Screening and Assessment
- \_\_\_\_\_ Care Plan Development
- \_\_\_\_\_ Monitoring Implementation and Resident Response

List of priorities for improvement:

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# TRIPS

## Tracking Record for Improving Patient Safety

Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

### SECTION A

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_  AM  PM

#### Day of Week

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

#### Severity Level (Check highest level of injury)

- No injury
- Minor injury/first aid only (ex: bruise, abrasion, skin tear)
- Major injury (ex: laceration with suture, closed head injury, fracture)
- Death

#### Location

- Patient room
- Patient bathroom
- Another patient room/bathroom
- Hallway
- Dining room/day room
- Shower /tub room
- Outside Building
- Other (specify): \_\_\_\_\_

#### Treatment (Check all that apply)

- To primary care provider for evaluation
- To emergency room
- Admit to hospital
- Sutures
- X-ray
- Blood work
- Urinalysis
- Other (specify): \_\_\_\_\_

YES | NO

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Physician notified<br>Name of MD _____<br>Date of notification _____<br>Time of notification _____       |
| <input type="checkbox"/> | <input type="checkbox"/> Family/POA notified<br>Name of contact _____<br>Date of notification _____<br>Time of notification _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Medical record flagged & occurrence documented accordingly   |
| <input type="checkbox"/> | <input type="checkbox"/> Plan of care updated   |
| <input type="checkbox"/> | <input type="checkbox"/> Medical record flagged for follow-up documentation   |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## SECTION B

1. Was the incident a:

- Found on the floor (unwitnessed)
- Fall to the floor (witnessed)
- Near fall (patient lowered to floor by staff/other or stabilized)
- Self reported fall

2. The cause of the incident was:

- Lost Balance
- Slipped (specify): \_\_\_\_\_
- Lost strength/weakness
- Tripped
- Lost consciousness/seizure
- Equipment malfunction (specify): \_\_\_\_\_
- Environmental factor (specify): \_\_\_\_\_  
(i.e. clutter, inadequate lighting, floor)
- Other (specify): \_\_\_\_\_

3. The activity during the incident was:

- Ambulating in bedroom
- Ambulating to/from bathroom
- Transferring on/off toilet
- Ambulating in hallway
- Sliding out of wheelchair
- Getting up from chair/wheelchair
  - Brakes unlocked
- Getting in/out of bed
  - Bed wheels unlocked
  - Out of low bed to floor/mat
- Changing clothes/other ADLs
- Getting in/out of tub or shower
- Reaching for something
- Other (specify): \_\_\_\_\_

4. Was there staff present during this activity?

- Yes
- No

5. The footwear at the time of the incident was:

- Shoes
- Slippers
- And if applicable
  - No tread or tread too high/thick
  - High/narrow heel
  - Poor fit/loose
- Plain socks only
- Non-skid socks
- Bare feet
- Other (specify): \_\_\_\_\_

6. Indicate aid in use at the time of the incident:

- None
- Cane
- Wheelchair
- Walker
- Merry walker
- Hip protectors
- Other (specify): \_\_\_\_\_

7. Part A.

Was a restraint in use at the time of the incident?

- Yes (complete Part B)
- No

Part B.

- Vest/trunk restraint
- Wrist/hand mitten
- Seat belt/Roll belt/waist restraint
- Gerichair with table
- Lap Buddy/Lap tray
- Other (specify): \_\_\_\_\_

8. Part A.

Were the side rails up?

- Yes (complete Part B)
- No

Part B.

- Full length side rails (2 full or 4 half rails on both sides of bed)
- Other side rails: \_\_\_\_\_

9. Part A.

Was alarm present?

- Yes (complete Part B)
- No

Part B. (Check all that apply)

- Bed alarm sounded during event
- Bed alarm did not sound during event
- Chair alarm sounded during event
- Chair alarm did not sound during event
- Other (specify): \_\_\_\_\_

### AS A RESULT OF THIS INCIDENT

10. Did the patient's mental status change?

- Yes
- No

11. Did the patient's level of consciousness change?

- Yes
- No

12. Was the patient's blood glucose level checked?  
 Yes  No  
 If yes, indicate: \_\_\_\_\_

15. Was the patient's temperature taken?  
 Yes  No  
 If yes, indicate value: \_\_\_\_\_

13. Was the patient's pulse checked?  
 Yes  No  
 If yes, indicate: \_\_\_\_\_

And check  
 oral  rectal  axillary

14. Was the patient's BP taken?  Yes  No  
 If yes, indicate value: \_\_\_\_\_ / \_\_\_\_\_  
   systolic                              diastolic

16. Part A. What was the incident outcome?  
 Injury (complete Part B)  
 Non-injury

If postural BP indicated, record value:  
 sitting \_\_\_\_\_ systolic / \_\_\_\_\_ diastolic  
 standing \_\_\_\_\_ systolic / \_\_\_\_\_ diastolic

16. Part B. If injury, indicate site(s) injured in first column, and the type of injury for each site checked ("X" all that apply):

INJURY SITE		TYPE OF INJURY				
	Left or Right	Bruise, Skin Tear or Abrasion, Laceration without suture	Fracture	Laceration w/ sutures or closed head injury	Pain	If other, specify type of injury
Head	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Spine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Spine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other site	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other site (specify):						

17. Was this person in *The Falls Management Program* at the time of the fall?  
 Yes    If yes, send fax alert to MD  
 No     If no, consider enrollment in *The Falls Management Program*.

IF necessary, please provide a brief narrative of this incident:

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# The Falls Management Program -

## FAX ALERT

Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician/NP/PA: \_\_\_\_\_ Fax #: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Unit/Room: \_\_\_\_\_

Your patient who is in the Falls Management Program fell on \_\_\_\_\_. It is this resident's \_\_\_\_\_ fall in the past 180 days.

Please consider reviewing the attached suggestions for known risk factors of falls and consider making appropriate recommendations.

Please call the Falls Nurse Coordinator if you have any questions about the incident or suggestions for our Falls Management Program. Thank you.

Falls Coordinator: \_\_\_\_\_ Phone number: \_\_\_\_\_

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# The Falls Management Program

## Falls Assessment

Resident: \_\_\_\_\_

Room: \_\_\_\_\_

**Directions:** Use the instructions on the Falls Assessment Cue Sheet to assess the resident in the five areas listed in the first column. Put a check beside each risk factor present for this resident. If the resident does not have a risk factor, put a check beside N/A. In the second column, check when the primary care provider report is faxed and orders are received and when the resident is discussed in the interdisciplinary team meeting. Check all appropriate evaluations and referrals. Once the assessment is complete, proceed to the Fall Interventions Plan and select specific individualized interventions for each risk category identified for this resident.

### RISK FACTORS

### INTERDISCIPLINARY ASSESSMENTS

- Primary Care Provider Report faxed
- Primary Care Provider Orders received
- Discussed in falls team meeting

### Medications

- Antipsychotics
- Antidepressants
- Benzodiazepines
- Sedative/hypnotics
- Digoxin
- N/A

- Medication review by consultant pharmacist
- Psychiatric evaluation

### Orthostatic Hypotension

- Reduction of  $\geq 20$  mm Hg in systolic pressure 1 minute after change in position from sitting to standing

Sitting BP: \_\_\_/\_\_\_      Standing BP: \_\_\_/\_\_\_       N/A

- Review cardiovascular medications

### Vision

- Stumbles and trips
- Difficulty finding objects or detecting changes in floor surfaces
- N/A

- Optometrist evaluation
- Ophthalmologist referral

### Mobility

- Unsafe during the Get Up and Go Test
- Unable to transfer on and off toilet, bed or chair safely
- Unsafe wheelchair seating
- N/A

- OT consultation
- PT consultation

### Unsafe Behaviors

- Tries to stand, transfer or walk alone unsafely
- Tries to climb over bed rails or get out of bed alone unsafely
- Walks or paces alone when too tired to be safe
- Propels or walks alone in unsafe areas
- N/A

- Behavioral assessment
- Evaluation of restraint use

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_



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# Falls Assessment Cue Sheet

## Medications

Review the resident's drugs in the MAR and PRN records. Consider all drugs in each of the classes listed below when completing the medications section of the Falls Assessment.

### Antipsychotic

Trade Names	Generic Names
Abilify	aripiprazole
Clozaril	clozapine
Etrafon	perphenazine
Haldol	haloperidol
Loxitane	loxapine
Mellaril	thioridazine
Moban	molindone
Navane	thiothixene
Orap	pimozide
Permitil	fluphenazine
Prolixin	fluphenazine
Risperdal	risperidone
Serentil	mesoridazine
Seroquel	quetiapine
Stelazine	trifluoperazine
Taractan	chlorprothixene
Thorazine	chlorpromazine
Tindal	acetophenazine
Trilafon	perphenazine
Triavil	perhenazine
Vesprin	triflurpromazine
Zyprexa	olanzapine
Geodon	ziprasidone

### Benzodiazepines

Trade Names	Generic Names
Ativan	lorazepam
Centrax	prazepam
Dalmane	flurazepam
Doral	quazepam
Halcion	triazolam
Klonopin	clonazepam
Librium	chlordiazepoxide
Paxipam	halazepam
ProSom	estazolam
Restoril	temazepam
Serax	oxazepam
Tranxene	chlorazepate
Valium	diazepam
Xanax	alprazolam

### Antidepressant

Trade Names	Generic Names
Anafranil	clomipramine
Asendin	amoxapine
Aventyl, Pamelor	nortriptyline
Celexa	citalopram
Desyrel	trazadone
Effexor	venlafaxine
Elavil	amitriptyline
Lexapro	escitalopram
Nardil	phenelzine
Norpramin	desipramine
Paxil	fluoxetine
Parnate	tranylcypromine
Prozac	paroxetine
Remeron	mirtazapine
Serzone	nefazodone
Sinequan	doxepin
Surmontil	trimipramine
Tofranil	imipramine
Wellbutrin	bupropin
Zoloft	sertraline

### Digoxin

Trade Names	Generic Names
Digoxin	digoxin
Lanoxicaps	
Lanoxin	
Novo-digoxin	

### Sedatives/hypnotics

Trade Names	Generic Names
Ambien	zolpidem
Atarax, vistaril	hydroxyzine
Buspar	bupirone
Aquachloral	chloral hydrate
Equanil, Miltown	meprobamate
Seconal	secobarbital
Sonata	zaleplon
Versed	midazolam

## Orthostatic Hypotension

**Equipment needed:** stethoscope, sphygmomanometer, watch with a second hand

Take the resident's blood pressure in the right arm unless otherwise indicated and take an apical heart rate for 60 seconds. Encourage the resident not to smoke and to remain calm for at least 10 minutes before the test.

For ambulatory residents, take BP readings in the sitting posi-

tion and then 1 minute after standing. Ensure that the resident has been sitting for at least 5 minutes before taking the first measurement. Use staff assistance when necessary for resident safety.

Subtract the values obtained while resident is standing from the values obtained while the resident was sitting. Determine if there is a reduction of  $\geq 20$  mm Hg in systolic pressure for postural hypotension.

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## Vision

Observe the resident during her activities of daily living and while she moves about in her room, bathroom, hallway and dining room. Determine if the resident stumbles, trips, has difficulty finding objects or detecting changes in floor surfaces, or shows other signs of poor vision.

---

## Mobility

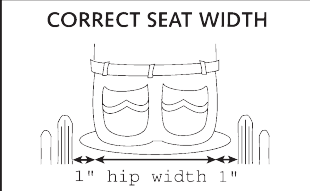
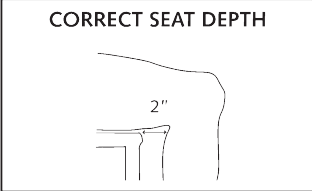
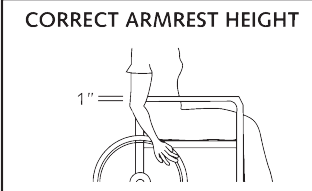
Complete a Mobility and Transfer Assessment for all residents who ambulate or transfer without human assistance. Include residents who use a cane, walker or wheelchair and those residents who should be assisted but get up unsafely without assistance.

**Get Up and Go Test:** Ask the resident to sit in a standard armchair, rise, walk 10 feet, turn, walk back to the chair and sit down. The resident should wear her normal footwear and use her customary walking aid. Look for unsteadiness, difficulty rising or lowering and any gait problems. Determine level of staff assistance required for safety.

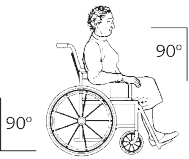



**Transfer Test:** Ask the resident to transfer in and out of the bed, on and off the toilet and in and out the lounge chair. Determine if the resident is safe, if the height of the bed, toilet or lounge chair needs adjustment; if existing handrails need adjustment; and if the resident's assistive device needs further evaluation.

**Wheelchair Screen:** For all residents who use a wheelchair or sit in a wheelchair for reasons other than transport only, collect the following measurements and assess the resident's position while seated. Based on your evaluation, determine if the resident is unsafe while seated in the wheelchair.

Use the following measurements to determine if the wheelchair seat and armrests are the correct size for the resident.

 <p>Hip width + 2 in = ____</p>	 <p>Thigh length - 2 in = ____</p>	 <p>1 in higher than elbow = ____</p>
--	--	--

After the resident has been seated in the wheelchair for at least 1 hour, compare her position with the pictures to determine if she is seated correctly.

 <p>correct position with two 90° angles</p>	 <p>sliding down</p>	 <p>leaning over</p>	 <p>leaning to one side</p>
---	---	--	--

---

## Unsafe Behavior

Review the chart and MAR, obtain a history from the family and talk with staff about the resident's behavior. Complete the Unsafe Behavior Worksheet if necessary to determine the following:

- location
- time of day
- frequency
- potential triggers
- resident's agenda
- motivation
- people involved
- unsuccessful staff approaches
- new interventions



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## Mobility and Transfer Assessment

Resident Name: \_\_\_\_\_ Unit/Room: \_\_\_\_\_

The Mobility and Transfer Assessment is a 3-step process used to screen for problems related to balance, gait and transfer. During the assessment, the resident should use a cane, walker or wheelchair if she or he normally does so. The nurse should observe the resident's safety during ambulation using the Get Up and Go Test and during transfer in and out of bed, on and off the toilet and in and out of the lounge chair when one is used by the resident. The nurse should assess the resident's wheelchair for proper fit and positioning.

**Step One:** Put a check by the level of assistance needed by the resident in order to be safe during ambulation, bed transfer, toilet transfer and chair transfer.

**Step Two:** Put a check by those environmental adjustments needed for safety during ambulation or transfer.

**Step Three:** Complete the Wheelchair Screen. Put a check by each needed safety improvement.

For instructions to the Get Up and Go Test and Wheelchair Screen, see the Falls Assessment Cue Sheet.

	Get Up and Go Test	Bed Transfer	Toilet transfer	Chair transfer
<b>1. Level of Assistance</b>				
Safe independent				
Safe with 1 person assist				
Safe with 2 person assist				
PT referral				
<b>2. Environmental Adjustments</b>				
Adjust height of bed/toilet/ lounge chair	Mark _____ inches from floor for bed height.			
Adjust handrail support				
Use assistive device				
Adjust assistive device				
OT/PT referral				
<b>3. Wheelchair Screen</b>				
Locate missing equipment				
Add labels to wheelchair and seating items				
Seat width needs adjustment				
Seat depth needs adjustment				
Seat height needs adjustment				
Armrest height needs adjustment				
Footrest(s) needs adjustment				
OT/PT Seating Assessment				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Wheelchair Seating Assessment

First complete the HISTORY box below. You will need to talk to the resident and/or nursing staff to answer some of the questions.

## HISTORY

**1. If the resident self-propels the wheelchair,**

- a) what does she use?       One arm       Two arms       One foot       Two feet  
 b) where does she go?       Bathroom       Dining room       Activity room       Outside

**2. If the resident sits in the wheelchair,**

- a) for approximately how many hours per day?  
 b) during which activities?       Resting       Eating       Watching TV       Recreation

**3. List the resident's skin problems or sensory deficits.** \_\_\_\_\_  
 \_\_\_\_\_

**4. List the resident's unsafe behaviors.** \_\_\_\_\_  
 \_\_\_\_\_

**5. Is the resident able and willing to follow directions?**       YES       NO

**6. If the resident is not comfortable in the wheelchair, describe the problem.** \_\_\_\_\_  
 \_\_\_\_\_

**7. List current equipment.**

Wheelchair Type: \_\_\_\_\_ Cushion Type: \_\_\_\_\_

Other Supports: \_\_\_\_\_ Footrests:       Left       Right       Both

Other Equipment: \_\_\_\_\_

Observe the patient sitting and supine and complete the OBSERVATION box below.

## OBSERVATION

Pelvic Tilt:       Posterior       Anterior      Thoracic Kyphosis:       Mild       Moderate       Severe

Pelvic Rotation (forward ASIS\*):       Left       Right      Scoliosis:       Mild       Moderate       Severe

Pelvic Obliquity (low ASIS\*):       Left       Right      Leg Length Discrepancy: L \_\_\_\_\_ R \_\_\_\_\_

**Range of Motion (ROM) Measured in Supine:**

Hip Flexion (Normal > 90°):      Left \_\_\_\_\_      Right \_\_\_\_\_

Knee Extension with Hip Flexion (Normal < 70°):      Left \_\_\_\_\_      Right \_\_\_\_\_

Ankle with Hip and Knee In Flexion:      Left \_\_\_\_\_      Right \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

\*Anterior Superior Iliac Spine



Identify the resident's seating problem and the underlying reason from the choices below. Select from the list of suggestions those that you think will improve the resident's seating.

**PROBLEM: RESIDENT SLIDES OUT OF CHAIR**

Reason: Posterior Pelvic Tilt

- Contoured cushion with large well space
- Ischial shelf/Antithrust cushion
- Solid seat insert with back support
- Other solid seat insert \_\_\_\_\_
- Seat belt attached at 80°–90°
- Hemi-height wheelchair
- Drop seat
- Footrest adjustment
- Adjustment to angle of w/c back
- Wheelchair with adjustable back
- Adjustable back seating system for w/c
- Back support modifications to w/c
- Lap tray
- Other \_\_\_\_\_

Reason: Inadequate Hip Flexion

- Seat-to-back angle adjustment to fit hip flexion
- Contoured cushion with trough for femur(s)
- Other \_\_\_\_\_

**PROBLEM: PATIENT LEANS TO LEFT, RIGHT OR FORWARD**

Reason: Flexible Pelvic Obliquity

- Adjustable foam, fluid or air cushion to raise cushion under low side
- Other \_\_\_\_\_

Reason: Fixed Pelvic Obliquity

- Foam, air or liquid cushion to fill space between bony prominence and seat surface on low side
- Other \_\_\_\_\_

Reason: Flexible Pelvic Rotation

- Contoured cushion with support for femurs & greater trochanters
- Seat belt attached at 80°–90°
- Other \_\_\_\_\_

Reason: Fixed Pelvic Rotation

- Contoured cushion with large well space
- Cushion modification to support both longer and shorter extremities
- Other \_\_\_\_\_

Reason: Asymmetrical Trunk or Scoliosis

- Deeper back system with lateral supports
- 3-point support system<sup>a</sup>
- Lateral support with accommodation on opposite side
- Hip bolster with accommodation on opposite side
- Arm support
- Adjustment to back of wheelchair
- Other \_\_\_\_\_

Reason: Anterior Pelvic Tilt, Falling Forward or Kyphosis

- Contoured cushion with large well space
- Ischial shelf/Antithrust cushion
- Solid seat insert with back support
- Other solid seat insert \_\_\_\_\_
- Seat belt attached at 80°–90°
- Adjustment to angle of w/c back
- Wheelchair with adjustable back
- Adjustable back seating system for w/c
- Other \_\_\_\_\_



**PROBLEM: FEET NOT STAYING ON FOOT REST**

Reason: Limited Knee Extension

- Foot plate and hanger adjustment
- Angle-adjustable foot plates
- Custom modification by DME<sup>b</sup> supplier
- Drop seat
- Hemi-height wheelchair
- Other \_\_\_\_\_

Reason: Nonfunctioning Lower Extremity

- Cushion with adequate posterior thigh support
- Front hanger adjustment (with thigh/cushion contact)
- Full foot plate that extends from heel to toe
- Foot plate adjustment
- Heel loops
- Leg rests
- Other \_\_\_\_\_

**PROBLEM: PROPELLING DIFFICULTIES**

Reason: Feet Not in Correct Position

- Removal of one foot plate for foot propulsion with adjustment of other foot plate for non-functional foot
- Cushion depth adjustment for full leg excursion (notched one side for one-foot propeller)
- Drop seat
- Hemi-height wheelchair
- Thicker cushion to raise seat
- Other \_\_\_\_\_

Reason: Ankle Contracture

- Foot plate adjustment
- Angle-adjustable foot plate
- DME<sup>b</sup> consultation
- Placement of feet on floor (if foot propeller)
- Drop seat
- Hemi-height wheelchair
- Cushion w/ adequate posterior thigh support and space behind knee for full excursion

Reason: Inefficient propelling

- Review of engineer wheelchair inspection/ ensure repairs completed
- Adjustment of cushion/seat height
- Adjustment of handrim/wheel position
- Replacement wheelchair
  - Powered<sup>c</sup>
  - One-handed<sup>c</sup>
- Other \_\_\_\_\_

**PROBLEM: PAIN OR SKIN BREAKDOWN**

- Jell or air cushion to assist in healing skin ulcer
- Cushion to distribute pressure
- Cushion to accommodate fixed deformities
- Other \_\_\_\_\_

**PROBLEM: UNSAFE BEHAVIOR**

- Contoured cushion with large well space
- Ischial shelf/Antithrust cushion
- Solid seat insert with back support
- Other solid seat insert \_\_\_\_\_
- Seat belt attached at 80°–90°
- Hemi-height wheelchair
- Drop seat
- Adjust angle of w/c back
- Wheelchair with adjustable back
- Adjustable back seating system for w/c
- Other \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

a. Three point support system: 1) thoracic region at most extreme point of scoliotic curve; 2) just under axilla, avoiding axillary pressure; 3) low pelvis. Attach supports to chairback or back support system.

b. Durable Medical Equipment

3 c. If resident demonstrates competence.

## Unsafe Behavior Worksheet

All behavior is meaningful, however, it may be difficult to understand the unsafe behaviors of some residents. Your *perception* of the behavior may be very different from the actual situation. To discover the meaning, you will need to explore the circumstances of the behavior, review the resident's personal and medical history and analyze staff/resident interactions.

**Example:** A resident gets out of bed unsafely at night and becomes very agitated when staff try to keep him in his room. To staff, he may be anxious, combative, uncooperative and difficult. From the resident's perspective, staff are preventing him from catching the bus to go to work.

Understanding the unsafe behavior of residents requires data collection, investigation and analysis. As you and the team better understand the behavior, you can problem-solve to develop additional individualized approaches. The Unsafe Behavior Worksheet is a 5-step process that directs you to define the behavior, review the resident's personal and medical history, investigate the circumstances, analyze staff approaches and develop new interventions.

### ***Step 1: Define the behavior clearly.***

**Example:** Resident gets out of bed between 2-4 a.m. He comes out into the hallway. His hands are shaking. He pushes staff away when they attempt to return him to the room. He talks loudly and becomes angry when staff ask him to lower his voice.

### ***Step 2: Get as much information as possible about the resident's personal and medical history.***

Include health status, family history, occupation, interests, cultural background and spirituality. Determine mental status including orientation, concentration, memory, judgment and psychological history. Incorporate information about mobility status, wheelchair use, postural hypotension, vision, and medications that was obtained during the Falls Assessment and from the evaluations by other health care professionals.

### ***Step 3: Analyze the circumstances of the behavior.***

Use a behavior log to track the behavior for at least one week. Gather information from staff and family. Look for patterns and meaning in the behavior by determining the following:

- Time of day
- Frequency
- Location
- Persons present
- Situation
- Resident motivation, feelings and agenda

### ***Step 4: Analyze past staff approaches as well as the resident's reaction to them.***

Ask staff about their previous approaches to the behavior and interaction with the resident. Determine with staff what has worked well and what has not been effective. Find out which staff member the resident responds to best.

### ***Step 5: Develop new individualized interventions.***

Address underlying medical conditions and medication use first. Ensure that all staff simplify the resident's care environment and use the positive communication skills and management strategies necessary for the care of residents with dementia. Problem solve with staff about the specific behavior, brainstorm about solutions and be creative. Develop a strategy and try it for a set period of time. Monitor the behavior each shift to determine the effect of the intervention. Revise the intervention based on your observations and staff feedback.



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## Unsafe Behavior Worksheet

Resident: \_\_\_\_\_ Rm #: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Step 1</b>	Behavior stated clearly using action verbs	
<b>Step 2</b>	Relevant personal and medical history	
<b>Step 3</b>	<i>Circumstances</i>  Time Frequency Location Persons present Situation Motivation Feelings Agenda	
<b>Step 4</b>	Past staff approaches and resident reactions	
<b>Step 5</b>	New Interventions	

Signature: \_\_\_\_\_



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## FMP Entry Log

**Instructions:** Write in the names of residents who have been entered into the Falls Management Program. Record the date of any fall that occurs after entry.

Resident Name	Date entered into FMP	Fall Dates	Notes



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# The Falls Management Program

## Primary Care Provider FAX Report and Orders

### 1. FAX COVER SHEET

Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Fax #: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Unit/Room: \_\_\_\_\_

This resident was identified in our Falls Management Program as having a high risk of falls, and underwent a *Falls Assessment* per our protocol. Attached are the following:

1. FALLS ASSESSMENT REPORT and suggestions for further assessment and/or intervention.
2. A form for you to FAX BACK ORDERS on which you can indicate those that you select for this resident.

Please review the FALLS ASSESSMENT REPORT and return the FAX BACK ORDERS form the next business day. Thank you.

Falls Coordinator: \_\_\_\_\_ Phone number: \_\_\_\_\_

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## 2. FALLS ASSESSMENT REPORT

Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Resident Name: \_\_\_\_\_

**Findings: (X) = positive for this resident**

**Suggestions for further assessment and/or interventions**

Medications that could increase fall risk:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Review medications and consider changes if appropriate.
- Consider psychiatric evaluation if indicated to evaluate psychotropic meds
- Consider consultant pharmacist recommendations.

Low vision

- Consider optometry or ophthalmology evaluation.

Postural hypotension  
 ≥20 mm Hg drop in systolic pressure with position change

- Review cardiovascular and diuretic medications.
- Consider blood work for BUN/Creatinine ratio.
- Consider TED hose.

Unsafe gait, transfers, and/or wheelchair seating problems

- Consider OT/PT evaluation.



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**3. FAX BACK ORDERS**

Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Return by FAX to: \_\_\_\_\_ Fax #: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Unit/Room: \_\_\_\_\_

Please mark the orders that are appropriate for this resident with an (X) and sign at the bottom.

Medication changes (please specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychiatric evaluation to evaluate psychotropic medications  
 Optometry evaluation  
 Ophthalmology consult  
 Blood for BUN and Creatinine  
 TED hose during the day  
 Physical or occupational therapy screen/evaluation of gait/balance/transfer/seating  
 Other orders:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(primary care provider)

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## Fall Interventions Plan

Resident: \_\_\_\_\_

Room: \_\_\_\_\_

**Directions:** Check all interventions that apply.

RISK FACTOR	SELECTED INTERVENTIONS	RISK FACTOR	SELECTED INTERVENTIONS
<b>Medications</b>	<p><b>For changes in psychotropic meds:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor and report changes in anxiety, sleep patterns, behavior, or mood</li> <li><input type="checkbox"/> Monitor and report drug side effects</li> <li><input type="checkbox"/> Behavior management strategies</li> <li><input type="checkbox"/> Sleep hygiene measures               <ul style="list-style-type: none"> <li><input type="checkbox"/> no caffeine after 4 pm</li> <li><input type="checkbox"/> up at night with supervision,</li> <li><input type="checkbox"/> comfort measures</li> <li><input type="checkbox"/> pain management</li> <li><input type="checkbox"/> regular exercise, limit napping</li> <li><input type="checkbox"/> relaxing bed routine</li> <li><input type="checkbox"/> individualized toileting at night</li> <li><input type="checkbox"/> safe bathroom routine</li> </ul> </li> </ul> <p><b>For changes in digoxin:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor apical heart rate; if &lt; 50, notify PCP.</li> </ul>	<b>Mobility</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increase staff assistance               <ul style="list-style-type: none"> <li><input type="checkbox"/> early morning</li> <li><input type="checkbox"/> during all transfers</li> <li><input type="checkbox"/> other: _____</li> </ul> </li> <li><input type="checkbox"/> Correct height of bed, toilet or chair               <ul style="list-style-type: none"> <li><input type="checkbox"/> Keep bed at correct height as marked on footrest or wall</li> <li><input type="checkbox"/> Use raised toilet seat</li> <li><input type="checkbox"/> Use cushion in lounge chair</li> <li><input type="checkbox"/> Lower lounge chair</li> </ul> </li> <li><input type="checkbox"/> Increase bathroom safety               <ul style="list-style-type: none"> <li><input type="checkbox"/> Use adequate handrails support</li> <li><input type="checkbox"/> Use easy to manage clothing</li> </ul> </li> <li><input type="checkbox"/> Promote wheelchair safety               <ul style="list-style-type: none"> <li><input type="checkbox"/> Use individualized, labeled wheelchair</li> <li><input type="checkbox"/> Check brakes and instruct pt on use</li> </ul> </li> <li><input type="checkbox"/> Seating Modifications               <ul style="list-style-type: none"> <li><input type="checkbox"/> Use all prescribed seating items</li> </ul> </li> <li><input type="checkbox"/> Other: _____</li> </ul>
<b>Orthostatic Hypotension</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Low blood pressure precautions               <ul style="list-style-type: none"> <li><input type="checkbox"/> instruct pt to change position slowly</li> <li><input type="checkbox"/> instruct pt to sit on edge of bed and dangle feet before standing</li> <li><input type="checkbox"/> instruct pt to use dorsiflexion before standing</li> <li><input type="checkbox"/> instruct pt not to tilt head backwards</li> <li><input type="checkbox"/> provide staff assistance in early AM and after meals</li> </ul> </li> <li><input type="checkbox"/> If medication change:               <ul style="list-style-type: none"> <li><input type="checkbox"/> take postural VS q day X 3 days. If systolic drops <math>\geq 20</math> mm Hg on day 3, notify PCP</li> </ul> </li> <li><input type="checkbox"/> Promote adequate hydration</li> <li><input type="checkbox"/> TED hose</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<b>Unsafe Behavior</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Behavior management strategies</li> <li><input type="checkbox"/> Increase assistance and surveillance               <ul style="list-style-type: none"> <li><input type="checkbox"/> Position or pressure change alarm</li> <li><input type="checkbox"/> Movement sensor</li> <li><input type="checkbox"/> Locate patient near station</li> <li><input type="checkbox"/> Intercom</li> <li><input type="checkbox"/> Toilet at regular intervals</li> <li><input type="checkbox"/> Increase activities involvement</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li><input type="checkbox"/> Reduce risk of injury               <ul style="list-style-type: none"> <li><input type="checkbox"/> Low bed</li> <li><input type="checkbox"/> Floor mat</li> <li><input type="checkbox"/> Helmet, wrist guards, hip protectors</li> <li><input type="checkbox"/> Non-slip mat</li> <li><input type="checkbox"/> Non-skid strips or non-skid rug</li> <li><input type="checkbox"/> Non-skid socks</li> <li><input type="checkbox"/> Lower or remove side rails</li> </ul> </li> <li><input type="checkbox"/> Increase comfort               <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain management</li> <li><input type="checkbox"/> Frequent rest periods</li> <li><input type="checkbox"/> Recliner or chair with deep seat</li> <li><input type="checkbox"/> Rocking chair</li> <li><input type="checkbox"/> Wheelchair seating items</li> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Cradle mattress</li> <li><input type="checkbox"/> Sheepskin, air mattress or pillows</li> </ul> </li> <li><input type="checkbox"/> Other: _____</li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Low vision precautions               <ul style="list-style-type: none"> <li><input type="checkbox"/> use maximum wattage allowed by fixture</li> <li><input type="checkbox"/> increase lighting in room</li> <li><input type="checkbox"/> use adequate lighting at night</li> <li><input type="checkbox"/> add high contrast strips on stairs, curbs, etc.</li> <li><input type="checkbox"/> use signs with large letters or pictures</li> <li><input type="checkbox"/> use high contrast to offset visual targets</li> <li><input type="checkbox"/> reduce glare</li> </ul> </li> <li><input type="checkbox"/> Corrective lenses               <ul style="list-style-type: none"> <li><input type="checkbox"/> Keep eyewear within easy reach at all times</li> <li><input type="checkbox"/> Encourage patient to wear glasses</li> </ul> </li> <li><input type="checkbox"/> Other: _____</li> </ul>		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Fall Interventions Monitor

Resident: \_\_\_\_\_ Room: \_\_\_\_\_

**Directions:** Monitor staff implementation and effectiveness of the Fall Intervention Plan each week. Revise interventions as needed and record below. Use one sheet for every 2 weeks..

	DATE: _____		DATE: _____
<b>Medications</b>	Are interventions effective: ___YES ___NO Changes: Comments:	<b>Medications</b>	Are interventions effective: ___YES ___NO Changes: Comments:
<b>Orthostatic Hypotension</b>	Are interventions effective: ___YES ___NO Changes: Comments:	<b>Orthostatic Hypotension</b>	Are interventions effective: ___YES ___NO Changes: Comments:
<b>Vision</b>	Are interventions effective: ___YES ___NO Changes: Comments:	<b>Vision</b>	Are interventions effective: ___YES ___NO Changes: Comments:
<b>Mobility</b>	Are interventions effective: ___YES ___NO Changes: Comments:	<b>Mobility</b>	Are interventions effective: ___YES ___NO Changes: Comments:
<b>Unsafe Behavior</b>	Are interventions effective: ___YES ___NO Changes: Comments:	<b>Unsafe Behavior</b>	Are interventions effective: ___YES ___NO Changes: Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Inservice #1: Why Falls Happen

### Pretest/Posttest

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. List 3 common safety problems in the resident's room and bathroom.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

2. For most residents, the bed should be left in the lowest position. True or False (Circle one)

3. New admissions have the same risk of falling as residents who have been in the facility more than 60 days. True or False (Circle one)

4. List two common problems with wheelchairs that increase a resident's risk of falling.

a. \_\_\_\_\_

b. \_\_\_\_\_

5. List three side effects of sedatives that increase a resident's risk of falling.

An example of a sedative is Ativan.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



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# The Falls Management Program -

## Inservice #2: How to Reduce Falls

### Pretest/Posttest

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. List 3 ways to improve safety in a resident's room and bathroom.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

2. Personal items should be kept within 10 feet of the resident. True or False (Circle one)

3. List three ways to improve the resident's safety during transfer and mobility.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4. Staff should use behavior management skills with residents who have unsafe behaviors.  
True or False (Circle one)

5. A resident who leans over or slides down while seated in a wheelchair is more likely to fall out of the chair. True or False (Circle one)



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# El Programa de la Gerencia de las Caídas -

## #1: Porque las Caídas Suceden

### Preprueba/ Después de la prueba

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. Haga una lista de 3 problemas de seguridad comunes en el cuarto y el baño del residente:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

2. La cama debe mantener en la posición más baja por la mayoría de los residentes. Verdad o Falso. (círculo uno)

3. Los residentes nuevos tiene el mismo riesgo a los residentes quien están en las instalaciones para más de 60 días. Verdad o Falso. (círculo uno)

4. Haga una lista de dos problemas con los sillónes de ruedas que aumento los riesgos de caídas:

a. \_\_\_\_\_

b. \_\_\_\_\_

5. Haga una lista de tres efectos secundarios de sedativos que aumento el riesgo de caídas para residentes:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



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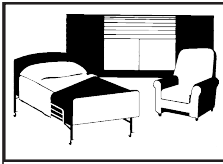
# El Programa de la Gerencia de las Caídas -

## #2: Cómo Reducir Caídas

### Antes de la prueba/ Después de la prueba

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. Haga una lista de tres maneras que aumento la seguridad en el cuarto y baño del residente:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
2. Las cosas personal deben estar diez pies de el residente. Verdad o Falso. (círculo uno)
  
3. Haga una lista de tres maneras que aumento la seguridad durante la transferencia y la movilidad del residente:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
4. Personal debe usar habilidades genencia del comportamiento con los residents quien tienen comportamientos inseguros. Verdad o Falso. (círculo uno)
  
5. Cuando un residente diapositivas abajo en un sillón de ruedas él tiene más riesgo para caídas. Verdad o Falso. (círculo uno)



# Why Falls Happen in Nursing Facilities

## Facts:

- About half of all residents in nursing facilities fall every year.
- 30–40% of the residents who fall in nursing facilities fall at least twice.
- One in every ten residents has a serious injury from a fall, such as a fracture, laceration, or serious head injury.
- One of the most serious injuries from falls is hip fracture.
- Falls result in a decrease in the resident's quality of life, an increase in staff time and effort, added costs of medical treatment, and an increase in the nursing facility's costs to settle legal claims.

*There are many reasons why residents fall. These reasons are called fall risk factors. Many of these we can change.*

## Fall Risk Factors We Can Change:

### *Residents' Living Space and Personal Safety*

- clutter, uneven floors and raised thresholds
- broken bed wheel locks, poor lighting
- unstable furniture, hard to reach personal items
- loose handrails and toilet seats, unsafe footwear and poor foot care

### *Residents' Transfer and Mobility*

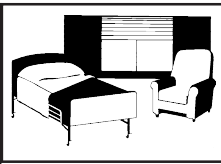
- unsafe transfer and walking without staff assistance
- lack of handrail support in bathroom
- new admissions or health declines
- incorrect height of transfer points
- hard-to-manage clothing
- unsafe behavior

### *Equipment*

- poor maintenance and repair, wheelchair seating problems
- improper wheelchair fit, sharing wheelchairs among residents

### *Psychotropic Drugs*

- use of benzodiazepines such as Ativan and Xanax
- use of antipsychotics such as Haldol and Risperdal



# How to Reduce Falls in Nursing Facilities

## *Residents' Living Space and Personal Safety*

- Remove clutter. Keep a clear path 2 to 3 feet wide around the bed, from the bed to the hall, from the bed to the bathroom, and from the bed to the lounge chair.
- Keep the bed wheels locked at all times. Report beds with broken wheel locks.
- Remove lightweight furniture. Keep the overbed table across the bed when it is not in use.
- Report loose handrails and toilet seats.
- Report torn linoleum and loose carpet edges. Wipe up wet spots when you see them.
- Report burned out light bulbs.
- Keep the call light, water pitcher, glass, and any personal items within arm's length of the resident.
- Use footwear which has tread on the bottom, a firm shape, and a low, even heel. Use gripper socks when the resident cannot wear safe shoes.
- Give proper foot care.

## *Residents' Transfer and Mobility*

- Know which residents need assistance during transfer and walking. Give help when needed.
- Watch all residents closely during the first 2 to 3 weeks after admission and after a health decline or acute illness. Increase assistance during these times.
- For most residents, keep bed in the lowest position at all times. Use a raised toilet seat when ordered.
- Dress the resident in easy-to-manage clothing such as those with elastic bands and Velcro fasteners.
- Provide toileting, food, drink and activity based on the resident's individual schedule.
- Check the resident often. Ask volunteers and family to help.

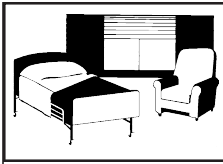
## *Equipment Use*

- Check the wheelchair brakes often. Report ones that do not hold the chair firmly in place.
- Report all broken or lost parts of wheelchairs, walkers and canes.
- Use all of the seating items which are ordered for the resident.
- Report any resident who leans over, slides down, or leans to one side while seated in a wheelchair.
- Do not share wheelchairs among residents.
- Make sure all equipment is labeled with the resident's name.

## *Psychotropic Drugs*

- Know which residents take a benzodiazepine or an antipsychotic.
- Watch residents who are on these drugs for side effects such as confusion, drowsiness, dizziness, changes in gait, loss of balance, and changes in mental status.
- Use behavior management skills to lessen the need for these drugs.





## Porqué las Caídas Suceden en Instalaciones del Oficio de Enfermera

### Hechos:

- Sobre un medio de todos los residentes en instalaciones del oficio de enfermera caen cada año.
- 30–40% de los residentes que caen, cae por los menos dos veces.
- Uno en diez residentes tuvo una lesión seria de una caída, por ejemplo una fractura, una laceración, o una lesión en la cabeza seria.
- Uno de la lesión mas seria es la fractura de la cadera.
- Las caídas estan una resultado de una disminuya en su calidad de vida, un aumento en tiempo y ayuda personal, agregado costes del tratamiento médico, y un aumento en la instalaciones del oficio de enfermera costes para pagar demandas legales.

*Hay muchos razones porque los residentes caen. Llamamos éstos razones factores de riesgo de la caída. Muchos de éstos podemos cambiar.*

### Factores de Riesgo de la Caída que Nosotros Podemos Cambiar:

#### *Espacio Vivo y Seguridad Personal del Residente*

- los desechos, pisos desiguales, y umbrales levantados
- las ruedas de la cama trabadas que están rotas
- muebles inestables, artículos personales que son duro para alcanzar
- las barandillas y los asientos del toliet flojos, inseguro zapatos, y mal cuidado del pies

#### *Transferencia y Movilidad del Residente*

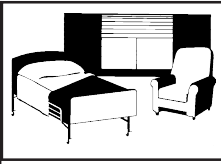
- inseguro transferencia y caminando sin ayuda personal
- no barandillas en el baño
- nuevos admissions o declinaciones de la salud
- altura incorrecta de puntos de transferencia
- “ropa dificil”
- comportamiento inseguro

#### *Equipo*

- mantenimiento y reparación pobre
- incorrecto ajustes de los sillónes de ruedas, cambiando los sillónes de ruedas entre los residentes

#### *Drugas Psychotropic*

- el uso de benzodiazepines como Ativan y Xanax
- el uso de antipsychotics como Haldol and Risperdal



# Cómo Reducir Caídas en Instalaciones del Oficio de Enfermera

## *Espacio Vivo y Seguridad Personal del Residente*

- Quite los desechos . Guarde un camino clara dos o tres pies de ancho alrededor de la cama, de la cama al pasillo, de la cama al baño y de la cama a la silla.
- Siempre mantenga las ruedas de la cama trabadas. Diga cuando las ruedas de las camas están roto.
- Quite los muebles ligeros.
- Informe cuando las barandillas y los asientos del toliet están flojos.
- Informe cuando el linóleo está rasgado y la alfombra está floja.
- Informe bombillas rotas.
- Siempre mantenga la luz de la llamada, la jara del agua, y cualesquiera cosas del personal cerca a la residente.
- Use unos zapatos con pisadas, una forma firme, y un talón bajo. Use calcetines del agarrador cuando el residente no puede desgaste unos zapatos seguros.
- Dé apropiado cuidado del pies.

## *Transferencia y Movilidad del Residente*

- Sepa cuáles residentes necesitan la mas ayuda con caminando.
- Mire todos los residentes cuidadosamente para su primer 2 – 3 semanas y después de una enferma.
- Mantenga la cama en la posición más baja para la mayoría de los residentes. Use un asiento del toliet levantado cuando ordenado.
- Vesta el residente en “ropa fácil” como ropa con vendas elasticos y sujetadores del velcro.
- Proporcione tolieting, comida, bebida, y actividades basado en el horario individual de cada residente.
- Cheque el residente a menudo. Pregunte miembros del familia y unos voluntarios por ayuda.

## *Uso del Equipo*

- Cheque los frenos del sillón de ruedas a menudo. Informe los que están rotos.
- Informe perdido y roto partes de los sillones de ruedas, los bastones, y walkers.
- Use todos los artículos del asiento que estan ordenado por el residente.
- Nunca cambie los sillones de ruedas entre los residentes.
- Etiquete todo el equipo con el nombre del residente.

## *Drogas Psychotropic*

- Sepa cuáles residentes toman benzodiazepine o antipsychotic.
- Mire los residentes que toman éstos drogas para unos efectos secundarios, como confusión, somnolencia, vértigos, perdida de balance, o una cambia en su estado mental.
- Use habilidades gerencia del comportamiento para disminuya la necesidad por éstos drogas.



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# The Falls Management Program

## FACTS

- 1 in 3 persons  $\geq$  65 years will fall each year.
- Of 1.7 million residents in nursing facilities, about 50% will fall each year.
- Of those that fall, 30-40% will fall two or more times.
- 10% of residents have a serious injury related to a fall.
- About 65,000 patients suffer a hip fracture each year.

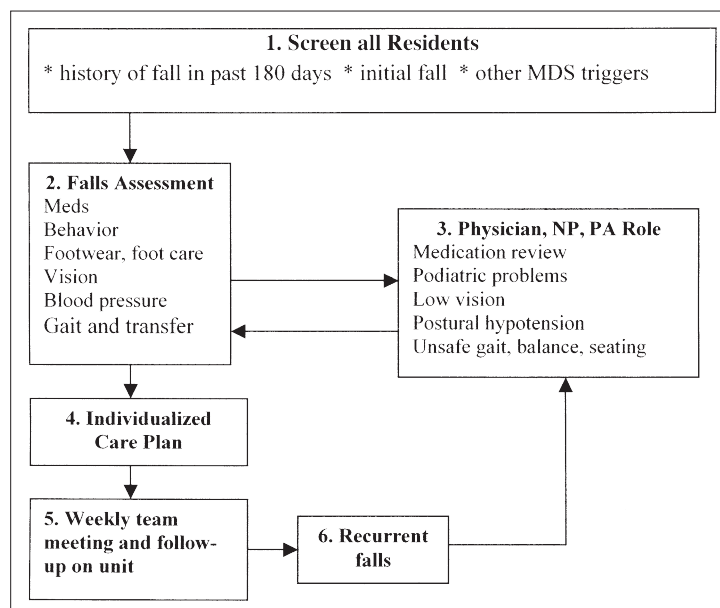
## CONSEQUENCES OF FALLS

- Reduced quality of life
- Serious injury
- Increased level of fear
- Increased paperwork for staff
- Lawsuits
- Decreased ability to function
- Increased risk of death
- Increased level of care
- Poor survey results
- High insurance premiums

## THE FALLS MANAGEMENT PROGRAM (FMP)

The Falls Nurse Coordinator will conduct a Falls Assessment of your residents who are found to be at high fall risk during screening and after an initial fall. You will receive a Primary Care Provider FAX Report and Orders asking you to review the results and to order referrals or participate in the assessment as indicated. A copy of the 3- page FAX Report and Orders is attached. It is important that you respond to the fax ASAP so that the nurse coordinator can use your recommendations to develop an individualized care plan. Thereafter, whenever your resident falls, you will receive a FAX Alert. A copy is attached.

## FMP Flow Chart





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## FMP Findings

## Suggestions for further assessment and/or Interventions

### *Medications*

Antipsychotics

Antidepressants

Benzodiazepines

Other sedatives/hypnotics

Digoxin

### *Postural hypotension*

### *Low vision*

### *Unsafe gait, transfers, and/or wheelchair seating problems*

Review all medications.

Consider changes if appropriate.

Consider psychiatric evaluation if indicated to re-evaluate  
psychotropic medications

Diagnose and treat postural hypotension:  
Review cardiovascular, diuretic and other medications  
Consider blood work for BUN/Creatinine ratio  
Consider TED hose  
If severe, consider prescribing fludrocortisone (Florinef)  
or midodrine (ProAmatine)

Consider optometry or ophthalmology evaluation.

Consider OT/PT evaluation.

## Conditions that increase fall risk

### *Cardiac*

Postural hypotension

Arrhythmias

### *Neuropsychiatric*

Stroke and TIA's

Parkinson's disease

Dementias and delirium

Dizziness

Depression

### *Drugs*

Anti-psychotics

Antidepressants

Benzodiazepines

Other sedatives/hypnotics

Digoxin

Polypharmacy and drug interactions

### *Others*

Poor vision

Incontinence

Dehydration

Use of restraints

Hypoglycemia

Fear of falling

Foot problems



## Resources

### Guidelines

American Geriatrics Society, British Geriatrics Society, American Academy of Orthopaedic Surgeons Panel on Falls Prevention. Guideline for the prevention of falls in older persons. *J Am Geriat Soc* 2001;49(5):664-672.

Falls and Fall Risk, AMDA Clinical Practice Guideline. 1998

### Websites

Agency for Healthcare Research and Quality (AHRQ). Medical Errors and Patient Safety. <http://www.ahrq.gov/qual/errorsix.htm/>

Alabama Quality Assurance Foundation (AQAF), AQAF Long-term care fall prevention project. <http://www.aqaf.com>

The American Geriatrics Society Position Statements, Recommendations, Guidelines, and Papers. <http://www.americangeriatrics.org/products/positionpapers/>

Centers for Disease Control (CDC) National Center for Injury Prevention and Control (NCIPC). Falls in Nursing Homes. <http://www.cdc.gov/ncipc/factsheets/nursing.html>

Gillespie LD, Gillespie WJ, Robertson MC, Lamb SE, et al. Interventions for preventing falls in elderly people. *Cochrane Database Syst Rev* 2001;3:CD000340. <http://www.cochranelibrary.com>

Quality Indicators for Assessing Care of Vulnerable Elders (ACOVE). Quality Indicators for the Management and Prevention of Falls and Mobility Problems in Vulnerable Elders. <http://www.annals.org/issues/v135n8s/full/200110161-00007.html>

### Key References

Agostini JV, Baker DI, Bogardus J. Prevention of falls in hospitalized and institutionalized older people. In: US Agency for Healthcare Research and Quality and University of California San Francisco-Stanford Evidence-Based Practice Center, eds. *Making Health Care Safer: A critical analysis of patient safety practices*. Rockville, MD: The Agency, 2001.

Capezuti E, Strumpf NE, Evans LK, Grisso JA, Maislin G. The relationship between physical restraint removal and falls and injuries among nursing home patients. *J Gerontol Series A-Biological Sciences & Medical Sciences* 1998;53(1):M47-52.

Jensen J, Lundin-Olsson L, Nyberg L, Gustafson Y. Fall and injury prevention in older people living in residential care facilities: a cluster randomized trial. *Annals of Int Med* 2002;136(10):733-741.

Kiely DK, Kiel DP, Burrows AB, Lipsitz LA. Identifying nursing home patients at risk for falling. *J Am Geriat Soc* 1998;46(5):551-555.

Leipzig RM, Cumming RG, Tinetti ME. Drugs and falls in older people: a systematic review and meta-analysis: II. Cardiac and analgesic drugs. *J Am Geriat Soc* 1999;47(1):40-50.

Ray WA, Taylor JA, Meador KG, Thapa PB, et al. A randomized trial of a consultation service to reduce falls in nursing homes. *JAMA* 1997;278(7):557-62.

Rubenstein L. Falls in the nursing home. *Ann Intern Med* 1994;121(6):442-451.

Tinetti ME. Preventing falls in elderly persons. *N Engl J Med* 2003;348(1):42-4.



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[Date]

[Salutations]

**RE: Fall Management Program**

Dear

I am writing to introduce you to a new quality improvement initiative that our nursing facility will be implementing over the next several months. The *Falls Management Program* (FMP) is directed at identifying and managing residents at high risk for falls and related injuries. Our leadership is committed to this program, and to continuing to improve care in many key clinical areas such as falls.

The FMP will involve the following:

- Selection and training of a “falls coordinator” and key members of a team that will implement the program in the facility
- A new computerized incident reporting system that will generate quality improvement reports
- Basic nursing assessments on residents who have fallen or who are at high risk for falling, with communication of the results to primary care providers
- Individualized management plans addressing fall risk factors

**As a primary care provider for this facility, you will be involved in the FMP.** You will be receiving FAX reports on your residents. These reports will be of two different types:

1. Results of the nursing assessment, with related recommendations. A FAX order form will be enclosed for your convenience. **Please return the FAX order form as soon as possible with your recommendations, so that a management plan can be implemented.**
2. A notification of falls and recurrent falls in patients who have been assessed in the FMP. **Please consider further evaluation and management in collaboration with the facility falls coordinator when one of your residents falls recurrently and/or suffers an injurious fall.**

Enclosed with this letter are examples of materials from the FMP. If you have any questions or suggestions about this new quality improvement initiative, please do not hesitate to discuss them with me. Thank you.

Sincerely,

Medical Director



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## Ways Families Can Help Reduce Fall Risk

### **Reduce clutter in the room and bathroom**

- Take home items no longer needed by the resident.
  - Keep pathways clear at all times.
  - Watch for telephone and electrical cords in the walking area.
  - Keep the over bed table across the bed.
  - Make sure that the furniture you bring is stable and doesn't tilt if the resident leans on it. Don't bring in cardboard furniture, pedestal tables or tables with three legs.
- When you leave the room, take a quick look around. Do you see any clutter, cords, furniture or other items in pathways? Remove items or call for help from staff. Make sure the call light and personal items are within easy reach of the resident when you leave.

### **Safe shoes and slippers**

- All shoes and slippers should fit well and have a firm shape. Shoes should have a low, even heel. While some carpets may cause problems for residents who wear shoes with deep tread, generally speaking, all shoes and slippers should have some form of tread on the sole. Examples include tennis shoes with Velcro fasteners, oxford style shoes and canvas or leather slip-on shoes.
- If a resident cannot wear safe shoes or slippers, use gripper socks instead.
- Use gripper socks at night.

### **Safety during transfer and bathroom use**

- Always call for help from staff when you are unsure about helping your family member get out of bed or go to the bathroom. Do not transfer an unsteady resident alone.
- Bring in easy-to-manage clothing such as pants with elastic bands, easy to pull up skirts and dresses, and items with Velcro fasteners.
- Lock wheelchair brakes before transfer.
- Use all prescribed seating items for a resident when she is in the wheelchair.

### **Help the patient to use low blood pressure precautions**

- Before the resident gets out of bed, ask her to sit on the edge and dangle her feet for a few minutes.
- Encourage the resident to flex her feet backwards several times while sitting.
- Remind the resident not to tilt her head backwards.
- After meals and anytime the resident has been sitting for a while, encourage her to get up slowly and to use assistance. Report any complaints of dizziness.



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## Reducing Falls: A Safety Checklist for the Home

Accidents in the home are a major cause of injury. One in three people 65 years and older fall every year and most of these falls happen in the home. This checklist helps to identify safety problems and provides easy tips for making your home a safer place. Use your common sense and take action to correct the problems you find. Most solutions are not expensive. If you cannot fix the problem yourself, ask a family member or friend to help.

Put a check beside each safety problem you find in your home. Then read the suggestions for improving the problem.

### Do you have:

- Unsafe stairs? Broken or worn stairs?*  
Repair broken or worn steps. Edges of stairs should be clearly visible with coverings in good condition and securely fastened down.  
Never store items on steps. Keep them free of clutter.
- Broken or missing railings?*  
Porch and stair railings should be checked regularly. Make certain they are secure. Repair or install handrails on both sides of the stairs. Handrails should continue for the entire length of the staircase.
- Poor lighting around stairs or dark hallways?*  
Increase the wattage of bulbs to the maximum allowed by the fixture. Add illuminated light switch plates to make it easy to find switches in the dark. Make sure that light switches are located at both the top and bottom of stairways. Add bright strips of tape to the edge of each stair.
- Throw rugs?*  
Either remove them or fasten them securely to the floor with adhesive, double-stick tape. Do not use loose rugs anywhere, especially at the bottom of stairs.
- Clutter?*  
Keep pathways clear. Put away shoes, newspapers, books, and other items and keep them off the floor. Make sure that electrical and telephone cords are not in pathways. Keep cords out from underneath carpet. Coil or attach cords to the baseboard. Have an electrician add another outlet if needed. Arrange furniture in order to give plenty of walking room.





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## Reducing Falls: A Safety Checklist for the Home

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*Hard to reach items?*

Cabinets and closets often have shelves that are too high to reach safely. Store frequently used items on the lowest shelf, at waist level. Avoid using stools and never stand on a chair to reach high items. If you do use a stool, use a steady step stool with a bar for support. Use a long-handled grasper to reach high objects.

*A slippery bathroom floor, bathtub or shower?*

Use a non-skid mat in the shower and bathtub. Use a rubber mat or nonskid strips in front of the sink, bathtub and shower to avoid slipping on wet spots. If you bathe in a shower, consider installing a non-skid shower chair and hand-held shower head so you can sit while bathing.

Avoid pulling up on the sink, a towel rack or soap dish to get up from the toilet or bathtub. These are not intended to support your weight and may come off the wall. Install grab bars or handrails in the shower, on walls around the bathtub, and beside the toilet. Make sure they are securely fastened to the wall to support your weight. There are specially designed commode chairs that can improve safety as well.

*Not enough lighting? Too much glare?*

Use maximum wattage bulbs allowed by each fixture. Use lights that shine directly on your work area for specific tasks. Use frosted bulbs, globes and shades on fixtures to reduce glare. Avoid shiny surfaces that may increase glare. If overhead lighting is not enough, add lamps. Consider installing motion detector lights that turn on automatically. Install easy-access light switches at the entrance to a room so you do not have to walk in the dark in order to turn on the light.

Always use a night light in the bathroom. Use a night light that automatically turns on in low-light situations. Make sure that you can light the path from your bed to the bathroom easily while en route. Keep a flashlight by your bed.

Make sure there is adequate lighting outside by walkways and entrances. Use a motion sensor light that will turn on whenever there is movement.



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## Reducing Falls: A Safety Checklist for the Home

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- Furniture that is difficult to get out of?*  
Sit on furniture that has good back support. Firm chairs with sturdy armrests provide more support when rising. Add pillows to the back of the chair so that your feet rest firmly on the floor.
- Unstable furniture?*  
Use tables that have four legs. Do not use tripod or pedestal tables. Repair the legs or add stabilizers to furniture that rocks or tilts when you lean on it.
- Loose carpet or linoleum?*  
Tack down loose carpeting everywhere in your home, especially on stairs. Make sure that there are no curled or frayed edges. Replace missing linoleum or any tile that is broken or loose.
- Spills or wet spots?*  
Wipe up spills immediately. Clean up any liquid, grease, or food spilled on the floor.
- Gutters or windows that need to be cleaned?*  
If you use a stepladder, make sure someone is bracing it for you. Don't overextend your reach.
- Cracks or uneven places in cement walks or stairways? Slippery pavement?*  
Patch cracks with filler before they spread. Avoid broken sidewalks. Be very careful on wet or icy pavement. Make sure your walkways are shoveled and cleared of ice and snow in the winter. Use salt or an ice-melting product to keep surfaces clear of ice.
- Pets?*  
Don't let a pet catch you by surprise by running through your feet. Always be aware of your pet's location.



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# Reducing Falls: A Safety Checklist for the Home

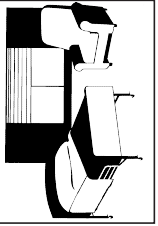
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When someone in your home uses a wheelchair, there are many things that can be done to improve access. Narrow doors can be enlarged and heavy or hard-to-open doors can be altered. Ramps can be added to entrances. Changes in the kitchen and bathroom can be made to accommodate wheelchairs as well.

This brochure does not include all potential causes of falls. It is not intended as medical advice and should not be a substitute for professional advice from your health care provider. Contact your doctor or health care provider if you have questions or need help making changes. Remember to keep a phone with emergency numbers within easy reach.

## *References:*

1. *The Fall Prevention Project*, Southeast Senior Housing Initiative, Baltimore, MD, 1997.
2. *Safe at Home*, Magee Rehabilitation Jefferson Health System, Philadelphia, PA, 2002.
3. *Home Solutions*, American Association of Retired Persons, Washington, DC, 1999.
4. *Home Care of the Elderly*, Sheryl Zang and Judith Allender, Philadelphia, PA, 1999.
5. *Home Safety Checklist*, American Academy of Orthopaedic Surgeons, Des Plaines, Illinois, 2000.
6. *Check for Safety*, Centers for Disease Control, Atlanta, Georgia, 1999.



# Living Space Inspection

The *Living Space Inspection* has 7 sections. Read the instructions carefully and answer all questions for each bed and resident. If the answer is yes, or does not apply, go to the next question. If the answer is no, read the list of tasks in the matching section of the *Nursing Inspection List* and *Engineer Inspection List*. Select the tasks which you think will help solve that safety problem. In the column under the room number and bed you are inspecting, put a ✓ beside each task you have selected. For safety problems in common areas, write notes on the back of the *Engineer Inspection List*.

## 1: Paths

**Walk slowly from door to bed, bed to chair, bed to commode, and chair to commode. Look for furniture, cords, bedside commode, overturned table, personal items or other objects which may block the path for the resident to walk or propel a wheelchair.**

Is there a 2 foot wide clear path for the resident to walk in or propel a wheelchair from:

- a. door to bed?
- b. bed to commode?
- c. bed to chair?
- d. chair to commode?

## 2: Stable Furniture

**Push against bed, chair, and furniture. Unlock and lock bed wheels. Check rubber tips on legs of bedside commode or other equipment. Check for loose handrails on wall, commode or raised toilet. Check if raised toilet seat is secured to the commode.**

- Instructions:**
- Questions:**
- a. Has staff locked bed in a stable position?
  - b. Do bed wheels lock and hold bed secure?
  - c. Does furniture remain stable when pushed?
  - d. Is chair stable?
  - e. Are bathroom handrails secure?
  - f. Are all rubber tips present on bedside commode and other equipment?
  - g. Is raised toilet seat secure?

## 3: Easy Access

**Ask resident which items she uses each day and locate them in room. (Example: glass, pitcher, tissues, eyeglasses, cane, walker or wheelchair.) If resident is unable to answer, locate these items yourself.**

- Instructions:**
- Questions:**
- Are all items within arm's length so that resident can reach them while sitting or lying? If items have been stored, can resident get to them safely? (Example: Is path to wheelchair clear and can resident walk to and unfold wheelchair safely?)

## 4: Lighting

**Instructions:** Turn on all lights in bedroom and bathroom. Check cord length to overbed light and bathroom call light.

**Questions:**

- Are all of the following lights in working order? Do they shine without flicker?
  - bedside or overbed light
  - bedside call light
  - night light
  - bathroom light
  - bathroom call light
- Are call light cords long enough to be reached by resident while sitting on commode or in bed?

## 5: Floor



**Instructions:** Inspect floor in resident's room and bathroom and threshold between the two rooms.

**Questions:**

- Are all floor coverings in good repair with no cracks, missing sections or loose edges?
- Are thresholds intact and low so that patient will not trip if walking? Can resident propel wheelchair across threshold easily?
- Is the floor dry?

## 6: Equipment

**Instructions:**

Look for canes, walkers, and wheelchairs. Check closets and bathrooms. For all wheelchairs that you find, put a ✓ by “check wheelchair” on the *Engineer Inspection List*. If there is a cane made of wood, inspect shaft and handle for cracks or weak spots. If there is a metal cane, check if all bolts and screws are present. Check if rubber tip(s) is present and inspect shape. If there is a walker, look at bolts and screws. Check for all four rubber tips and inspect shape. If it has caster wheels, check for cracks, shape and movement while rolling.

**Questions:**

- Is cane and/or walker stable with all hardware present and secure?
- Are all rubber tips present, even and clean?
- If walker has wheels, are they firm, in good shape, and able to roll smoothly?

## 7: Foot Care and Footwear

**Instructions:**

Look closely at resident's feet for very long nails, open lesions, bunions, hammertoes, and large calluses. Look closely at shoes and slippers patient usually wears. Check for a firm shape, low even heels and tread.

**Questions:**

- Are resident's feet free of problems that may prevent even weight bearing or keep her from wearing safe shoes or slippers?
- Do resident's shoes and slippers fit well, have tread and have even low heels?



# Nursing Inspection List

Write the unit name, date and room numbers across the top line. Put the bed number or letter across the second line and sign it. Put a ✓ under the room number and bed beside all the tasks that need to be done. Write notes about special problems or add details in the NOTES column.

UNIT:	DATE:	ROOM NUMBER:	NOTES:
SIGNATURE:	BED:		
<b>1: Paths</b>	Remove unused equipment (canes/walkers).		
	Instruct SW to ask family to remove unused items.		
	If bedside commode is unused, ask staff to remove it.		
	With resident's permission, rearrange room to clear paths.		
	Instruct staff to keep paths clear.		
	Instruct staff to keep overbed table across bed.		
	Remove unused items from bathroom and store elsewhere.		
<b>2: Furniture</b>	Instruct nursing staff and housekeepers to keep bed in locked position except during care or cleaning.		
	Replace unstable bed with a stable one.		
	Push bed to wall (check local and state fire codes).		
	Remove all cardboard, lightweight or unstable furniture.		
	Instruct SW to ask family to remove or replace unstable items.		
	Arrange room so that items are within resident's reach.		
	Instruct staff to keep items within arm's length of patient.		
<b>3: Easy Access</b>	Instruct staff to place cane, walker or w/c within safe reach.		
	Instruct staff to wipe up all spills quickly.		
<b>5: Floor</b>	Ask nurse for podiatry consult.		
	Instruct staff and resident to use specific shoes/slippers.		
	Instruct staff and resident to use non-skid socks.		
	Instruct SW to ask family to provide safe footwear.		
<b>7: Foot Care and Footwear</b>			



# Engineer Inspection List

**For the person doing the inspection:** Label this form and fill it out in the same way as for the *Nursing Inspection List*.

**For the Falls Engineer:** A member of the nursing staff has checked resident rooms and equipment for safety problems. This is the list of things they have found that you need to inspect and repair. Please do all the tasks that have a ✓ beside them for each room and bed number. Safety problems in common areas and with common equipment are listed on the back of this page. See the Falls Engineer Instructions for details about how to do each task.

UNIT:	DATE:	ROOM NUMBER:	NOTES:
SIGNATURE:		BED:	
<b>1: Paths</b>	1. Make tiebacks for divider curtains.		
	2. Tie electrical cords out of path (TV, phone, heater).		
<b>2: Furniture</b>	3. Clean, repair or replace broken bed wheel locks.		
	4. Fix unstable furniture.		
	5. Secure loose bathroom handrails.		
	6. Replace missing rubber tips on bedside commode.		
	7. Replace missing rubber tips on handrails that rest on floor.		
<b>4: Lighting</b>	8. Secure raised toilet seat to commode.		
	9. Replace burned out or flickering bulbs. Use max wattage.		
	10. Repair broken room lights or call lights.		
<b>5: Floor</b>	11. Replace broken call light cords or lengthen cords.		
	12. Repair or replace floor covering.		
	13. Replace high, broken or missing thresholds.		
<b>6: Equipment</b>	14. Add grading to thresholds between room and bathroom.		
	15. Inspect wheelchair (for all wheelchairs found).		
	16. Repair cane.		
	17. Repair walker.		

**Safety Problems in Common Areas and with Common Equipment:**





# Engineer Cane Inspection

Resident Name: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Ask the resident and staff to give you the cane at a time when it is not in use. Follow the instructions and answer each question. If the answer to the question is **YES**, follow the arrow down to the next question. If the answer is **NO**, follow the arrow across to the list of tasks. Check the box beside each task which needs to be done. When you have done the task, write your initials beside it.

**Instructions:**

**If the cane is made of wood, inspect the shaft and handle for cracks or weak spots. If the cane is metal, check if all the bolts and screws are present. Check if the rubber tip(s) is present and inspect the shape.**

**Question:**

***1. Is the cane stable with all the hardware present and secure?***

**YES/NA**



**NO**



- Tighten the loose bolts and screws.
- Replace the missing hardware.
- Ask the Fall Prevention Therapist to replace a wooden cane if it is cracked or weak.

**Question:**

***2. Is the rubber tip present, even and clean? If it is a quad cane, are all four of the tips present, even, and clean?***

**YES/NA**



**NO**



- Clean the dirty rubber tips.
- Replace the missing or worn tips.

Signature: \_\_\_\_\_



# Engineer Walker Inspection

Resident Name: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Ask the resident and staff to give you the walker at a time when it is not in use. Follow the instructions and answer each question. If the answer to the question is **YES**, follow the arrow down to the next question. If the answer is **NO**, follow the arrow across to the list of tasks. Check the box beside each task which needs to be done. When you have done the task, write your initials beside it.

**Instructions:**


Look at the bolts and screws. Check for all four of the rubber tips and inspect their shape. If the walker has caster wheels, check for cracks, shape, and movement while rolling.

**Question:**

*1. Is the walker stable with all the hardware present and secure?*

YES/NA




- NO    Tighten the loose bolts and screws.  
 Replace the missing hardware.

**Question:**

*2. Are all four rubber tips present, even and clean?*

YES/NA




- NO    Clean the dirty rubber tips.  
 Replace the missing or worn tips.

**Question:**

*3. If the walker has caster wheels, are they firm, in good shape, and do they roll smoothly?*

YES/NA



- NO    Replace the worn or cracked caster wheels.  
 Clean and oil the caster wheels.

Signature: \_\_\_\_\_



# Engineer Wheelchair Inspection

Resident Name: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Ask the resident and staff to give you the wheelchair at a time when it is not in use by the resident. There are seven parts to the *Engineer Wheelchair Inspection*. Each part has instructions to follow. Refer to the wheelchair diagram at the end of this form. Put a check in the box beside all of the tasks which need to be done. All wheelchairs should be inspected at least every six months. Keep this form for your records so that you know when this wheelchair was last inspected. Use this form each time you repeat the assessment. When you have done the task, write your initials beside it.

## Section 1: General Cleaning and Lubrication

**Instructions:**

**Inspect the joints to see if they are dry. Check the chair for dirt and dust.**

- Ê If dirty, clean all parts of chair with soap and water. Wipe clean.
- Ê If slide does not move smoothly when you fold chair, spray slide post and into slide tube. Use white lithium, silicone, or teflon-based spray grease (not WD-40).
- Ê If joints are dry, spray with silicone.

## Section 2: Frame Check

**Instructions:**

**Check for loose fasteners, stripped screws, burrs on screwheads, center pin, bottom rail plug, seat rail guide tips, and spring catch. Choose a level surface and roll the chair. If the chair veers off to one side more than 1 foot as it moves forward 10 feet, check the frame for damage. Inspect the fork and stem of the casters for bent condition.**

- Ê If fasteners are loose, tighten. If screws are missing, replace.
- Ê If there are burrs on the screwheads, file or sand burrs.
- Ê If center pin is worn, missing, or bent, replace or contact dealer.
- Ê If rail guide tips or rail plugs are worn, replace.
- Ê If rail posts are bent or cracked, replace.
- Ê If frame has crack or loose weld, repair right away or return to dealer.
- Ê If lifting straps are worn or broken, replace.
- Ê If spring catch is broken, replace.

### Section 3: Wheel and Caster Check

**Instructions:**

Watch for side play of the wheels and casters while the chair is moving. Strum the spokes to check that they have been evenly tightened. Inspect the hubcaps, handrims, axles, stem bearings, washers and spoke guard. Check if the tire is on the rim. Use a tire gauge to check tire pressure if the tire is air-filled. If it is low, look for leaks. Inspect solid tires for cracks or worn areas. Check the casters for free movement.

- Ê** If axle nut or bolt is loose, tighten.
- Ê** If bearings, nuts, or washers are missing or worn, replace. If spoke guard is worn, replace.
- Ê** If wheel spokes have uneven tightness, tighten evenly around wheel.
- Ê** If edges of handrims or attaching hardware are rough, file or sand them.
- Ê** If handrim is loose, attach securely. If rivets on handrim are loose, contact dealer.
- Ê** If rubber tips are missing or worn, replace.
- Ê** If fork or stem bearing is worn or bent, replace.
- Ê** If felt washer or string guard is worn or missing, replace.
- Ê** If casters are worn, cracked or uneven, replace.
- Ê** If casters do not move freely because of dirt and grime, remove and clean.
- Ê** If air-filled tire is soft, inflate until firm and at the pressure recommended on side of tire. Repair leaks.
- Ê** If solid tire is cracked or worn, replace.

### Section 4: Brake Check

**Instructions:**

The tires must be filled to the correct pressure before checking brakes. Lock and unlock the brakes. Check if the brakes engage the tire 1/8 inch when locked and if they hold the chair in place. Check if the brake handles have rubber tips and inspect the latch and lever for wear.

- Ê** If brake is loose, tighten. If brake cannot be tightened, replace.
- Ê** If brake cannot be made to hold chair, change position of brake on frame tubing.
- Ê** If lever or latch is worn, replace.
- Ê** If rubber tip on brake end is worn or missing, replace or change when adding brake extension.

## Section 5: Armrest Check

**Instructions:** Check both armrests for padding, sharp edges, screws which stick out, and cracks or tears in cover. Check if the armrests are secure and all fasteners are tight. Check if the front and back posts fit into the frame.

- If armrests wobble, tighten screws.
- If cover is cracked, replace.
- If armrests have sharp edges, file or sand.
- If screws stick out through padding, replace.
- If front or back posts do not fit into frame, repair or replace.

## Section 6: Seat and Back Upholstery Check

**Instructions:** Inspect the upholstery for cracks, tears and sagging. Check for missing hardware.

- If hardware is loose or missing, tighten or replace.
- If seat or back upholstery is cracked or torn, replace.
- If back upholstery sags, contact Fall Prevention Therapist for instructions.

## Section 7: Footrest and Legrest Check

**Instructions:** Check the distance the footrest is away from the floor. Check if the spring holds the foot plate in all directions. Lock the legrest. Check if the length-adjustment hardware is secure. Inspect the legrest panels and straps for sharp edges, splits, or fraying. Inspect the heel loops for tears or fraying.

- If lock for legrest does not adjust or is not secure, replace.
- If fasteners are loose, tighten.
- If edges are sharp, file or sand.
- If leg panel is cracked, split or frayed, replace.
- If nut to length adjustment hardware is loose or missing, replace.
- If bumper tips on front extensions of legrest bar are missing, replace.
- If heel loops on foot plate are worn, frayed or missing, replace.
- If spring of foot plate is missing or worn, replace.

Signature: \_\_\_\_\_

