

Fall Interventions

This list is created to assist facilities in choosing fall interventions. It is by no means an all-inclusive list and interventions should be applied based on an individual's needs and capabilities.

1. Do not talk while walking
2. Purposeful staff rounding
3. Complete fall root cause analysis
4. Complete risk assessment
5. Assess for syncope
6. Complete pain assessment
7. Obtain eye exam
8. Quiet environment for dementia residents
9. Proper seating if in wheelchair – feet flat on the floor, lowering the back of the seat, etc. OT screen for seating
10. Consider vitamin D and calcium – due to no sun light
11. Ensure proper footwear
12. Helmets if applicable
13. Hip protectors
14. Exercise program – improve balance, plus tires them (satisfies need to walk), gait training
15. Assess staffing
16. Environment friendly – no clutter, keep objects in same place, etc
17. Assess medications for side effects
18. Assess for postural hypotension
19. Assess for foot problems and proper foot wear
20. Test balance, gait, strength,
21. Educate resident regarding risks for falls
22. Look at number of medications and possible interactions
23. Glasses appropriate for walking (multifocal glasses contribut to falls)
24. Low bed
25. Non-skid floor mats
26. Call light within reach
27. Alarms
28. Increased observation
29. Room close to nursing station
30. Nonskid shoes

31. Toileting program: scheduled, cueing
32. Use of glasses if applicable
33. Reduce clutter in room
34. Increased activities
35. Restorative care
36. Program to help resident and families cope with non-modifiable risks for falling
37. Programs for residents that wander
38. Staff education regarding falls and interventions applied
39. Use of pictures to provide cues to where something is (bathroom – pic of toilet, etc)
40. Keep most used items within reach
41. Raised toilet seat
42. Lower bed height
43. Answer call light promptly
44. Reorient to call if needed
45. Pharmacy/MD to evaluate meds
46. Instruct resident to change positions slowly
47. Orient to surroundings as needed
48. Visual checks q2h and/or prn
49. Night light in resident's room
50. Encourage family visits for orientation purposes
51. RD consultation
52. Consult rehab prn
53. Keep furniture and other items in same position
54. Evaluate hearing
55. Ensure assistive device is used appropriately
56. Ensure resident is able to use call light upon command
57. Ensure resident is comfortable using assistive devices
58. Assess continence and resident's understanding
59. Proper clothing to prevent tripping
60. Assess clothing for ease of toileting
61. Keep bed, wheelchair, etc. locked
62. Assess for change in behavior
63. Educate resident when applying intervention
64. "Fall Risk" – noted in room/door/nursing station, etc. (post in room)
65. Educate resident and/or family about fall risks

66. Create something that makes fallers identifiable (falling leaf, arm band, picture, etc.)
67. Create "floor map" of falls of individual residents
68. Create "floor map" of falls within the facility
69. Do not rearrange furniture in facility – especially dementia units
70. Designate a "fall expert" for referring residents
71. Involve ALL staff to prevent falls through education of falls management program
72. Furniture with rounded edges
73. Assess for illness (delirium)
74. Use of pictures for cues
75. Maintain daily routine
76. Minimize bed rest
77. Use of wide doorways
78. Liberalize diet to increase intake
79. Provide chair with arm rest
80. Provide cord extension to turn off light
81. Use of anti-skid material on all furniture
82. Provide high back chairs
83. Do not put anything that is above residents reach
84. Place rubber mat in front of sink
85. Avoid tripod or pedestal tables
86. Skid resistant strips in showers/tubs
87. Use bath seat
88. Non-skid material on all steps
89. MD to assess
90. Aid in ways to communicate
91. Use of telephone to signal staff
92. Falls prevention class for resident and family
93. Access to turn lights on and off
94. Evaluation of BP
95. Assess for osteoporosis
96. Bedtime snack
97. Do not give diuretics after lunch if possible