



Division Directive Number:
4.210
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Title: Fall Prevention and Fall Risk Evaluation

Purpose: Outlines facility responsibilities regarding individuals at risk of falling

Application: Applies to all state operated DD facilities within the Department of Mental Health

Definitions:

Fall: A sudden loss of an upright or erect position of the body. The fall did not result from any forcible physical action of another person (per CIMOR).

Fall Prevention and Fall Risk Evaluation

1) Each facility shall assign responsibility and provide a procedure for the individuals at risk for falls; to systematically assess fall risk factors; provide guidelines for fall prevention interventions and outline procedures for documentation and communication.

Preventing falls is the responsibility of every employee. All employees will be educated regarding fall prevention.

2) Fall Risk Evaluation will be conducted by a licensed nurse upon admission and readmission to the facility. Fall Risk Evaluations will be reviewed by a licensed nurse at least quarterly and repeated annually for all ambulatory individuals.

3) Individuals with increased risk for falls will be identified and appropriate preventative measures will be implemented to maintain their safety while continuing to promote independence. 'High Fall Risk' and appropriate fall prevention interventions will be specified in the Person-Centered Plan and the Healthcare Plan. (Refer to attachment Fall Prevention and Management Interventions).

4) Each fall incident shall be reported, documented, entered into CIMOR (Customer Information Management Outcomes and Reporting) database and reviewed and discussed in accordance with all Department Operating Rules, Regulations, and Division Directives. This includes the Team Incident Review at Morning Meeting in accordance with Division Directive 5.080 Morning Meeting Policy and Procedures for State Operated Programs (SOP).

a) Each SOP Quality Council (executive level risk data review) shall include review and discussion of fall data and any analysis (including any Division Quality Enhancement findings and reports with falls) with focus on discovery, incident response, along with prevention and remediation strategies to reduce patterns and trends both on an individual basis as well as on overall facility.

- b) Quality Enhancement staff shall monitor implementation of this Division Directive and provide findings to Quality Coordinator of State Operated Programs, SOP Superintendent and Director of Health Services for State Operated Programs.
- 5) Individuals experiencing falls which meet criteria for Causal Analysis will require the following actions:
- a) A licensed nurse will complete a new Fall Risk Evaluation.
 - b) Physician/Nurse Practitioner and/or Clinical Pharmacist will conduct a medication review for medications that contribute to fall risk.
 - c) The interdisciplinary team will meet for further assessment of fall risk factors and prevention strategies for individuals with multiple falls.
- 6) Delegation of Authority and Responsibility
- a) The Superintendent is responsible for ensuring that fall prevention is:
 - i) A high priority;
 - ii) Promoted across the facility through direct care, administrative, and logistical staff;
 - b) The entire interdisciplinary team is responsible for designated fall prevention strategies and basic safety measures for all individuals.
- 7) Environmental Rounds: The facility management, nursing, support, and direct care staff should perform environmental rounds.
- a) Facility management staff or officer of the day will perform environmental rounds daily and confirm:
 - i) All areas are well lit.
 - ii) All areas are uncluttered and free of spills.
 - iii) Locked doors are kept locked when unattended.
 - iv) Handrails are secure and unobstructed.
 - v) Tables and chairs are sturdy.
 - b) Support Staff will confirm:
 - i) All assistive devices are working properly by inspecting them at least monthly.
 - c) Nursing and direct care staff perform rounds each shift and as needed to confirm:
 - i) Locked doors are kept locked when unattended.
 - ii) Individuals' rooms are set up in a way that minimizes the risk of falling.
 - iii) All assistive devices/mechanical supports are working properly by inspecting them at least daily.
 - d) Everyone confirms:
 - i) Unsafe situations are corrected immediately and reported to appropriate supervisory staff.
- 8) Post Fall Management:
- a) The first responder staff will initiate the incident reporting process per policy and notify appropriate supervisor and nurse.
 - b) Licensed nurse will follow Post-Fall Management Protocol (See attachment)
 - c) Documentation of all falls should include, but is not limited to:
 - i) Circumstances of the fall (including anything known that could have contributed to the fall);
 - ii) What the person was doing just prior to the fall;
 - iii) List mechanical supports/adaptive equipment ordered by the physician and whether or not it was in use at the time of the fall;
 - iv) Individual's appearance at time of discovery;
 - v) Individual's response to the fall;
 - vi) Evidence and description of injury;

- vii) Location of the fall (include description of walking surface);
- viii) Medical provider notification;
- ix) Medical/Nursing action; and
- x) Notification of Nurse Manager or designee.

Forms

Fall Risk Evaluation Form (Appendix A)
Falls Caused by High Risk Medications (Appendix B)
Fall Prevention and Management Interventions (Appendix C)
Post Fall Management Form (Appendix D)
48 Hour Post-Fall Monitoring Tool (Appendix E)

Individual: _____

Evaluated by: _____

As appropriate, this is to be completed on admission, readmission, and annually. This evaluation is to be reviewed at least quarterly. (Non-ambulatory persons will not require re-evaluation)	Check acceptable items, indicate points at right. Add points and put total score in space indicated below.	For individuals who fall frequently, the quarterly review spaces provided below may be utilized only if the assessment remains the same. If the assessment changes, a new form must be filled out.
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A SCORE OF TEN (10) OR ABOVE INDICATES A RISK OF FALLING

I. AGE: ___ (2 pts) 60 or more years old; ___ (1 point) 45-60 years old	points	
II. MENTAL STATUS: ___ (0 pt) Oriented at all times; ___ (4 pt) Confusion at all times; ___ (2 pts) Intermittent Confusion	points	
III. ELIMINATION: ___ (0 pt) Independent/continent; ___ (1 pt) Catheter; ___ (3 pts) Elimination w/Assist; ___ (5 pts) Independent/incontinent	points	
IV. VISUAL IMPAIRMENT (1 pt)	points	
V. CONFINED TO CHAIR OR BED (3 pts)	points	
VI. GAIT AND BALANCE (if non-ambulatory, assign 0 points for section VI and proceed to section VII) Assess persons's gait while: 1) Standing in one spot with both feet on the ground for 30 seconds without holding onto something 2) Walking straight forward 3) Walking through a doorway 4) Walking while making a turn. ___ (1pt) Wide base of support ___ (1pt) Loss of balance while standing ___ (1pt) Balance problems while walking ___ (1pt) Decrease in muscular coordination	points	
NOTE: Check for any YES answer. ___ (1pt) Lurching, swaying or slapping gait. ___ (1pt) Gait pattern changed when walking through doorway ___ (1pt) Jerking or instability when making turns ___ (1pt) Use of assistive device (cane, walker, furniture, etc)		
VII. MEDICATIONS ___ Antihistamine ___ Antihypertensives ___ Antiseizure/Antiepileptic ___ Benzodiazepines ___ Cathartics ___ Diuretics ___ Other ___ Psychotropics ___ Sedatives/Hypnotics ___ Hypoglycemic Agents (Specify)	points	
From the above medication groups, indicate how many the patient is currently taking: (0 pts) No medication; (1 pt) 1 medication; (2 pts) 2 or more medications With a change in medication and/or dosage in the past five days, add (1 pt) to the medication score.		
TOTAL SCORE		
_____ Falls have occurred this quarter – assessment remains the same as above Date: _____ Signature: _____	_____ Falls have occurred this quarter – assessment remains the same as above Date: _____ Signature: _____	_____ Falls have occurred this quarter – assessment remains the same as above Date: _____ Signature: _____

- MEDICATIONS -		
<p>Antiarrhythmic Agents Digoxin (Lanoxin) Flecainide (Tambocor) Disopyramide (Norpace / Norpace CR) Procainamide (Procanbid)</p> <p>Anticholinergics / Antihistamines Diphenhydramine (Benadryl) Hydroxyzine (Vistaril) Tolterodine (Detrol / Detrol LA) Oxybutynin (Ditropan XL / Ditropan / Oxytrol) Chlorpheniramine Dicyclomine (Bentyl) Flavorxate (Urispas) Belladonna with phenobarbital Hyoscyamine Belladonna and Opium Clidinium and Chlordiazepoxide (Librax) Glycopyrrolate (Robinul) Atropine Ciproheptadine (Periactin)</p> <p>Agents Amitriptyline (Elavil) Doxepine (Sinequan) Imipramine (Tofranil / Tofranil PM) Clomipramine (Anafranil) Trimipramine (Surmontil) Desipramine (Norpramin) Trazodone (Desyrel) Fluvoxamine (Luvox) Fluoxetine (Prozac) Paroxetine (Paxil)</p>	<p>Antiemetics Promethazine (Phenergan) Prochlorperazine (Compazine) Timethobenzamide (Tigan)</p> <p>Antiepileptics Carbamazepine (Tegretol / Tegretol XR / Equetro) Divalproex sodium (Depakote / Depakote EF) Felbamate (Felbatol) Phenobarbital Phenytoin (Dilantin) Valproic Acid (Depakene) Gabapentin (Neurontin)</p> <p>Antipsychotics Chlorpromazine Clozapine (Clozaril) Thioridazine (Mellaril) Olanzapine (Zyprexa) Olanzapine and Fluoxetine (Symbyax) Risperidone (Risperdal) Haloperidol (Haldol) Aripiprazole (Abilify) Quetiapine (Seroquel) Ziprasidone (Geodon)</p> <p>Benzodiazepines Alprazolam (Xanax) Chlordiazepoxide (Librium) Clonazepam (Klonopin) Diazepam (Valium) Lorazepam (Ativan) Temazepam (Restoril)</p>	<p>Dopamine Agonists AmantAdine (Symmetrel) Pramipexole (Mirapex) Ropinirole (Requip) Pergolide (Permax) Bromocriptine (Parlodel) Benztroptine (Cogentin) Trihexyphenidyl (Artane)</p> <p>Muscle Relaxants Methocarbamol (Robaxin) Carisoprodol (Soma) Metaxalone (Skelaxin) Cyclobenzaprine (Flexeril) Orphenadrine (Norflex) Tizanidine (Zanaflex)</p> <p>Miscellaneous Pregabalin (Lyrica)</p> <p>Sedative / Hypnotics Zolpidem (Ambien / Ambien CR) Eszopiclone (Lunesta)</p> <p>Vasodilators Hydralazine (Apresoline) Isosorbide Dinitrate (Isordil)</p>

IMPORTANT NOTE: This is not an all-inclusive list of medications that may increase the fall risk in the elderly population. There are several other medications and coinciding disease states that have been associated with an increased fall risk or an increased risk of injury if a fall occurs.

Fall Prevention and Management Interventions

- Orient person to surroundings and assigned staff
- Provide adequate lighting to provide for safe ambulation
- Ensure non-slip footwear is worn when out of bed
- Instruct individual to call for help when getting out of bed
- Provide physically safe environment (i.e. eliminate spills, clutter, electrical cords, and unnecessary equipment)
- Maintain bed in lowest position with wheels locked
- Ambulate frequently as appropriate for individual's condition
- Arrange bed so that the individual can exit toward his/her stronger side whenever possible
- Educate individual regarding maintaining a physically safe environment
- Provide every 2-hour comfort and toileting rounds
- Comfort rounds include positioning as indicated: offering fluids, snacks when appropriate and ensuring the individual is warm, clean and dry
- Consider PT consult
- Consult with treatment team, physician/nurse practitioner and clinical pharmacist
- Provide bedside mat
- Elevated toilet seat and grab bars in bathroom
- Reduce stress – provide relaxation activities
- Encourage exercise program as tolerated
- Transfer towards stronger side
- Actively engage the person and family in all aspects of the fall prevention program
- Instruct individual in all activities prior to initiating
- Individualize equipment specific to the person's needs
- Minimize distractions
- Check tips of canes, walkers for non-skid covers
- Instruct individuals in use of grab bars
- Perform medication review to identify medications which increase fall risk
- Use bed side rails for safety
- Encourage slow changes of position from lying to sitting to standing. Allow to dangle feet prior to standing
- Ensure individual's belongings are maintained within their reach
- Use safety straps or seat belts in chairs and wheelchairs
- Reassess staffing needs/levels of supervision in relation to persons at high risk for falling
- Ensure vision and hearing tests are completed annually and recommendations are followed
- Ensure corrective lenses and hearing aids (if applicable) are worn whenever the individual is out of bed
- Provide bed alarms or wheelchair alarms as necessary
- Furniture should have rounded rather than sharp corners
- All clothing should be appropriate size and not slip down on the hips or drag the floor
- Cue the person to raise his/her head and look where she/he is going to avoid obstacles, step up or down at curbs

Post-Fall Management

Nursing Interventions for Individuals Experiencing a Fall With:

A. NO Head Trauma

1. Determine vital signs to include sitting/standing (if possible) blood pressure and pulse
2. If diabetic, check blood glucose
3. Determine circumstances leading to the fall with corrective actions as appropriate
4. For the 48 hours following the fall:
 - a. Observe for possible injuries not evident at the time of the fall (limb reflex, joint range of motion, weight bearing, etc.)
 - b. Mental status changes
5. All falls will be reported to the attending physician or nurse practitioner on the day of the fall
6. Additional Measures:
 - a. Complete incident report
 - b. Complete injury report, if applicable
 - c. Document all assessment finding and intervention in progress note
 - d. Review fall prevention interventions and modify plan of care as indicated
 - e. Communicate to all staff/all shifts that consumer has fallen and is at risk to fall
 - f. Consult treatment team for additional suggestions for changes to plan of care as needed

B. Minor Head Trauma (includes *minor* hematoma/laceration, etc and NO loss of consciousness)

1. Use the same protocol outlined above and in addition, institute Head Injury Precautions.
2. Alert attending physician if the person is receiving anticoagulant therapy

48 Hour Post-Fall Monitoring Tool

Date of Fall _____ Time of Fall _____

Post-Fall Vital Signs: HR _____ Resp _____ BP Lying _____ BP Sitting _____ BP Standing _____

MD/NP Notified: _____ Date _____ Time _____

Nursing Assessment to be performed, post-fall, every shift for at least 48 hours. Document any abnormal assessment findings below and notify MD/NP

Date _____	Shift _____	Time _____	Nurse Signature _____
New bruising or swelling present? Yes / No			
ROM checked and within normal limits? Yes / No			
Does the individual report pain or demonstrate signs/symptoms of discomfort? Yes / No			
Is Mental Status within normal limits? Yes / No			
Head Injury Precautions remain in effect? Yes / No / NA			
MD/NP notified of abnormal assessment findings? Yes / No / NA			

Date _____	Shift _____	Time _____	Nurse Signature _____
New bruising or swelling present? Yes / No			
ROM checked and within normal limits? Yes / No			
Does the individual report pain or demonstrate signs/symptoms of discomfort? Yes / No			
Is Mental Status within normal limits? Yes / No			
Head Injury Precautions remain in effect? Yes / No / NA			
MD/NP notified of abnormal assessment findings? Yes / No / NA			

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Is Mental Status within normal limits? Yes / No			
MD/NP notified of abnormal assessment findings? Yes / No / NA			

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