

## Prevention of Falls

Preventing falls is a top priority for any healthcare provider, and being able to assess a patient's risk for falling is an essential part of a nurse's assessment. Physical state, the environment, and polypharmacy add to a patient's likelihood of falling. Always follow your facility's guidelines for assessing for fall risk and providing the proper equipment to prevent falls.



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### Risk Factors

#### Physical Aging

##### Older adult

Patients are at a higher risk to fall as they age. Factors include decrease vision, slower gait, decreased reaction time, limited mobility, and urinary urgency. It is important to educate patients about their risk factors and the need to call for assistance.

#### Polypharmacy

##### Polly-pharmaceuticals

Taking multiple drugs can cause a variety of symptoms that can cause a patient to fall. For example, narcotics can affect one's balance and blood pressure medications can cause dizziness or lightheadedness.

#### Environmental

##### Environmental hazards

Hospital rooms can be hard to maneuver around and be cluttered with equipment. Moveable furniture, slippery floors, and a variety of tubes can all cause a patient to get tangled and trip. Always make sure the patient is free from environment factors before moving the patient.

### Hospital / Facility Prevention

#### Call Light within Reach

##### Reaching for Call Light

Before leaving the room, always make sure that the patient's call light is within reach. Have the patient call for assistance when you are not in the room.

#### Assistive Devices Available

##### Assistive Cane

Once a patient's gait is assessed make sure proper devices are available for use. This includes a cane, walker, bedside commode, or even a patient lift. Assistive devices should be encouraged in patients who are at risk to fall.

#### Bed Alarms

##### Bed Alarm

Bed alarms are a great way to notify the healthcare team when a confused or unsteady patient is getting up. Restraints should be avoided when trying to keep a patient in bed. Decrease stimulation and distract the patient with a task can help keep confused patients busy and in bed.

### Home Prevention

#### Improve Lighting

##### Improving Light with larger bulb

Educate the patient on the need to improve lighting around the house to eliminate the possibility of not seeing a hazardous object on the floor.

### **Remove Home Hazards**

#### [Discarding Fall Hazards at Home](#)

Educate the patient to remove rugs that slide, fix loose carpet, and eliminate clutter around the house. This will help eliminate tripping hazards.

### **Priority Nursing Interventions**

#### **Promote Exercise**

##### [Treadmill](#)

Everyday a patient remains in bed their muscles break down and become weak. By promoting exercises with the patient you are promoting muscle strengthening.

#### **Fall Risk Assessment**

##### [Fall Risk Assess-man](#)

A Fall Risk Assessment should be done at a minimum on admission, with a change in patient condition, after a fall, and after a transfer. This assessment will help guide the patient's needs when getting up. Follow facility guidelines on the frequency of doing a fall risk assessment.