

Falls Prevention Strategies & Interventions

(Submitted by Kentucky's Office of Inspector General)

EQUIPMENT

Alarms

Sensor Alarms

Floor sensor alarm

Chair alarms

Bed alarms

Bath room alarms

Pressure alarms

Motion sensor alarms set to allow resident to turn in bed; alarm sounds upon motion associated with getting up from bed or chair.

Alarm can be equipped with voice message to "Please lie down; you are at risk for fall. Call for assistance has been made."

Personal alarm

Appropriate alarms

Voice-activated alarms

Clip and pressure alarms

Use of alarms; tab, mat, laser

Use alarms as appropriate

Bed/chair alarm on which family can record message. "Mom, don't get up until someone is there to help you."

(This worked really well for us.)

Sensor pads in bed and chair

Motion sensor

Hipsters

Low bed

Electric low bed

Mats

Fall mats

Mats on floors

Mats on floor at bedside

Low bed with mats

Low bed with mat at bedside

Low beds/mats as appropriate

Non-skid Items

Non-skid strips on floor by bed and in bathroom

Non-skid strips in bath

Velcro seat belt

Use Velcro in chair to assist resident from sliding down in the chair

Walker or wheelchair

Non-tip wheelchair

Correct devices with appropriate size (walker/wheelchair)

Transfer Assistive Devices

Ensure staff uses gait belt

Transfer resident with gait belt

Pull-up pole-pole that runs floor to ceiling, placed by bed/chair, provides assist

Transfer poles-Resident can grab, provides stability for rising or transfer

Mattresses/Bedding

Winged mattress

Better quality mattresses

Concave mattress cover

Perimeter mattress

Use Dycem mats to prevent residents from sliding out of wheelchairs, and from sliding down in bed when HOB is up.

Dycem in chair

Better quality sheets (high thread count)

Bed warmers

Down blankets

Use “Stop” signs to prevent awaking resident

Roll guards

Reacher

Nonswivel chairs/lazy susan type things that might be used for leaning

Lift chairs, if able to use

Use mechanical lifts when needed

Non-traditional call lights

Increase wattage of light bulbs if safe to do so in room

STAFF ACTIONS

Information gathering

Check blood sugars

Check blood pressure-lying and standing, to see if resident has orthostatic hypotension

Medication review

Check on-going use of hypnotics. If use is on-going, investigate depression/pain factor

Review meds with consulting pharmacist for polypharmacy, which may have side effects causing falls

Monitor appropriate labs

Pharmacy/pharmacist review of medications

Is there a need for medication adjustments

Have recent adjustments been made that could be contributing to falls

Evaluate medication regimen for new meds—side effects that could be problematic

Check labs for changes.

Check for accurate reconciliation of noted concerns

What caused the fall?

Assessed for side rails

Evaluate ambulation/gait

Read history of ambulation and transfer

Monitor patient's gait

Use information in daily routine

Eyeglasses

Check/clean glasses

Eye exam

Make sure glasses are worn daily

Wear glasses during ambulation

Have PT screen after fall, if not isolated

Assess for basic needs—hunger, pain, toileting

Toileting

Evaluate need to offer additional opportunities for toileting

Respond to individual toileting needs

Incontinency evaluation

Scheduled toileting

Increase toileting plans as appropriate; review staffing schedule to determine adequate to carry out toileting plans

Toilet every two hours or less

Prompted toileting

Toilet before and after meals, and at bedtime

Toileting program offered to residents with reoccurring falls

Review investigation and implementation of interventions and evaluation—look at what the surveyor reviews

Devices—determining if devices are restraints

Occupational Therapy (OT) patient screens

Is the resident experiencing pain?

Interview patient and family

Therapy screen/evaluation

Track/trend the falls-may give insight into what is going on

Educate staff on interventions

Patient referral

Get rid of over-the-bed tables when not in use

Staff education and supervision

Educate staff about slippery floors

Adequate staff supervision

Specify what supervision is needed; do not just write “provide supervision”

Educate staff...Educate staff...Educate staff

Assist with ambulation

Reeducate resident if alert and oriented

Call light education/reminders

Ambulation

Care plan

Therapy/strengthening

Provide restorative and follow up on effectiveness

Ambulate when attempting to get out of wheelchair

Ask if resident is tired and have resident lie down

Reposition residents who are in wheelchair

Try getting resident out of bed safely, then provide food, fluids, and company.

Resident might comply with care better with one nursing assistant than another (bath)

Answer call bells promptly. Don't say, “I'll be there in a minute” and not go back (falls, incontinence can occur)

Don't say, “I just took you five minutes ago.”

Family assistance

Keep in sight—close by for interaction

Have all departments get involved in falls prevention

Ambulation schedule

RESIDENT ACTIVITIES

Activities, activities, activities

Walking with assist to dine/activities at certain times related to falls

Individualized activities

Activities provided at appropriate cognitive level

Activities for residents used to waking during the 11-7 shift, and who are up during the night.

Sit resident at nurses' desk ???

Therapy

Involve, encourage, re-invite to activities

Offer activities of past and present interest

If resident continually tries to get up offer to walk them

Example: Resident has retired from desk job, and is a frequent faller, anxious, and medicated without successful outcome. The nursing home created a fake bank check book so he could make out checks. This worked and kept him busy.

For residents who cannot sit still: Offer a doll (soft body, weight with bean bag) or stuffed animal to nurture

Purse/Bag with zipper—Put “safe” objects inside. Remove the pull from zipper. Residents can arrange items.

Redirection—use their personal history to devise plans

Planned walks to meet motion needs

Hour of Sleep bathing/backrubs to aid sleep

Music

Sing to (or with) resident

Turkey/milk at hour of sleep for snack

*(Turkey does have the makings of a natural sedative in it, an amino acid called **tryptophan**. Tryptophan is an essential amino acid, meaning that the body can't manufacture it. The body has to get tryptophan and other essential amino acids from food. Tryptophan helps the body produce the B-vitamin niacin, which, in turn, helps the body produce serotonin, a remarkable chemical that acts as a calming agent in the brain and plays a key role in sleep.)*

Plant therapy

Pet therapy—lap cat or dog

Offer daily exercise program to increase flexibility and strengthening

Body Recall—for seniors

Start a “walking” club. Measure hallways/courtyard, then make a challenge chart. Reward meeting goals

Keep items in easy reach

Lower voice, speak softly and calmly

ENVIRONMENT

Keep area free from clutter

Remove clutter from rooms and public areas

Arrange room to have clear passage-ways. (Clear path from bed to bathroom to chair, etc.)

Keep environment free of hazards

Decrease noise

Slow, soft music or white noise (waterfall)

Noise reduction at night

Decrease traffic in hallways

Proper lighting for resident's toileting

Nightlights in bathrooms

Night lighting

Aromatherapy

Bolster pillows and wedges. Residents used to bigger beds and partner can use bolster to hug

Set the tone for sleep

Secured curtains out of resident's reach

Keep frequently used items (phone, remote control) close

Rearrange resident room

Label bathroom door

In bathroom, paint walls a slightly darker color so white toilet is easier to see

Use non-glare wax on floors

Mix sand with floor wax, cover high-traffic areas of resident's room

PERSONAL

Properly fitting shoes

Non-skid shoes

Provide proper footwear: No slip-ons (with the backs out) and no shoes with slick soles

Non-skid socks

Do not walk around in socks

Encourage use of gowns instead of pajamas

(Some residents get tangled up in their pajama bottoms when they go to the bathroom)

Bathing prior to bed

Lavender lotion

Soft massage

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Submitted by
Kentucky Association of Health Care Facilities

EQUIPMENT/ENVIRONMENT

Rearrange room to make better pathways to meet residents needs (like bathroom)
Change room mates to one with less medical equipment or "stuff" (clutter)
Move personal items closer
Relocate to room closer to nurses' station
Add verbal warning alarm using the resident's or family members' voice.
Add non-skid strips on chair or floor in slick spots; non-skid tips on assistive devices
Non-skid socks or slippers
Proper fitting shoes
Add bed/chair/floor alarm
Padded side rails with colored noodles
Wander guard alarm system
Add body or sensor pad alarm or self release belt alarm
Utilize mechanical lifts
Use top 1/2 bed rails as enablers
Eliminate decorative tile in middle of floors as they can be perceived as "holes"
Improve lighting and reduce glare in corridors, patient rooms, showers, and bath rooms
Add night lights or motion lights
Beside commode or bed pan or raised toilet seat
Place picture of toilet on the bathroom door
Add resting stations (bench) on long corridors, but be cautious not to create trip hazard
Reduce or eliminate clutter in common areas.
Eliminate low obstacles that can be trip hazards.
Make regular rounds looking for discarded clothing or wet spots.
Add grab bars or other assistive devices for bed, toilet or shower.
Non-skid rubber backed bath mats
Elevate chair to facilitate getting up
Evaluate housekeeping practices—are cleaning technique or chemicals creating slip hazards
Create adequate spacing between tables in dining room
Always "lock" wheels of equipment if possible in hall as residents may use to steady
Wheel back rolling prevention device
Built-up or colored wheel chair brakes
High back wheel chair
Back weighted wheel chair to prevent tipping
Add or remove leg rest on wheel chair
Add or remove low bed
Add or remove mat beside bed
Front and back tippers
Assess for perimeter defining mattress
Bolsters to bed
Wedge Cushion
Helmet and hip/knee/shoulder pads
Add Merry Walker or other equipment such as stroller or wheel chair
Lateral supports and stabilizers/arm troughs
Pommel cushion
Hip thrust cushion
Prosthetic devices/splints
Quad cane
Drop seat in wheel chair

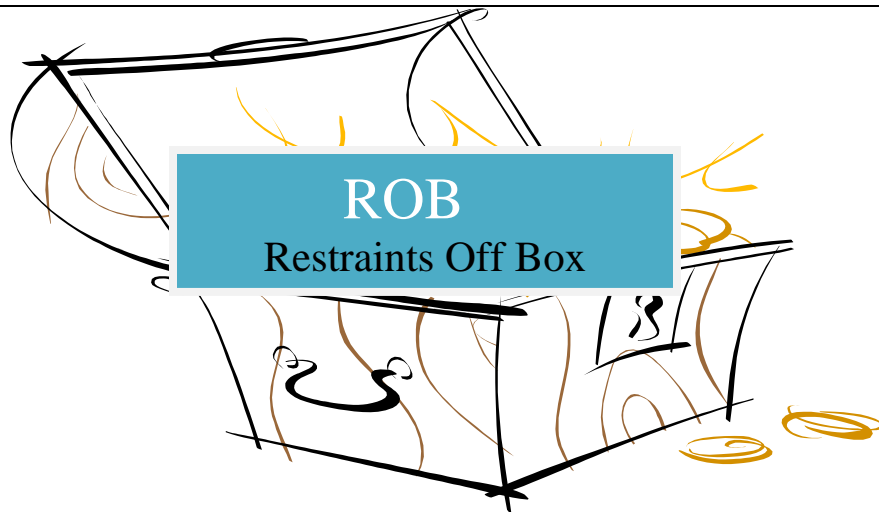
- Self releasing Velcro belt/seat belt
- Hip clip belt
- Orthotic chair
- Lab buddy
- Tray table
- Recliner/lounge chair
- Recliner chair with tray table
- Stop signs or door exits or other patient rooms
- Dycem matting to stabilize seating
- Utilization of a rocking chair
- Make doors and exits look like something else or have mirrors on exits

CLINICAL/THERAPY

- Enhance restorative program and maximize benefit to residents
- 15 or 30 minute checks
- Insure screening process for restorative/ambulation program in place
- Bowel and bladder training programs in place and effective
- Smoking cessation treatment
- Therapy assess for adaptive devices for sitting, ambulating, reaching, positioning etc.
- Review meds with consult pharmacist to insure drugs/interactions not causing dizziness
- Review assessment worksheet to insure fall prevention strategies are included
- Assess for pain
- Assess for UTI
- Assess functional status
- Dietician assessment
- Social service assessment for behavioral issues
- Psych service assessment for behavioral issues
- Mini mental exam to assess cognitive deficits
- Assess sensory deficits (vision, hearing)
- Review activity schedule and therapy schedule for increase, decrease or rearrangement
- Gradual dose reduction of psychoactive drugs
- Evaluation of change in condition via labs/x-rays
- Education on gradual position changes for resident/staff

ADDITIONAL STRATEGIES & INTERVENTIONS

Scavenger List: “Let’s see if we can find: exit sign, green rug, magazine, someone wearing a uniform, tree, television, coffee cup.” When you find the coffee cup, stop and share some coffee, and celebrate a *job* well done.



“Go Get Rob!” Fill your box with personal activity treasures: Lotion, CD player/music, Bible-Rosary-Items of faith, Cards, Stress ball, Pictures of various trades, Stuffed animal, Ball cap, Soft baseball, Pillow, Music box, Exercise sheets, _____, _____, _____

Falls & Restraints Web Site Addresses

Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults
http://www.cdc.gov/ncipc/preventingfalls/CDC%20Guide_030508.pdf

Preventing Falls: What Works-A CDC Compendium of Effective Community-based Interventions from Around the World
http://www.cdc.gov/ncipc/preventingfalls/CDCCompendium_030508.pdf