N-17 Falls

Purpose: To define a resident fall, and state fall risks and fall prevention procedures.

Definition: Fall is an unplanned descent to the floor with or without injury to the resident.

When a resident actively falls, is assisted to the floor, or is found on the floor, it is a fall.

When a resident is walking with staff, weakens, and staff assists resident to the floor, it is a fall.

When a resident is alone, weakens, leans against a wall, and slides to the floor, it is a fall.

When it is in the resident's care plan that they spend time on the floor or they routinely crawl from a low bed onto the floor mat, it is *not* a fall. If it is normal behavior for the resident to sit on the floor, it is not a fall. If it is *not* normal for the resident to sit on the floor, it is a fall.

Nursing discretion is used to determine if the fall warrants notification of POA/family.

Repeat fallers, those residents who fall multiple times within the 3-month quarterly report period, are tracked. Resident patterns and Home trends are noted and acted upon for quality improvement.

Falls with no injury or minor injury may be warnings that future falls with serious injury may occur.

Risks can be internal (resident condition) or external (environmental hazard).

Internal risks include a history of falls, gait and balance, muscle weakness, visual impairment, arthritis, bowel/bladder, depression, acute infection or illness, unsteady or dizzy state from psychotropic medication, confusion, footwear, and mobility issues.

External risks include floor surface, improper lighting, clutter, obstruction, wheelchair brakes not on, other residents, and restraints.

Prevention includes screening the resident with a fall assessment during admission to the Home and periodic reassessment. After a fall, consider additional reassessment and care plan change. The Morse Fall Scale uses a number score to determine the resident's fall risk.

Monitor residents at risk to fall. Restricting a resident by limiting movement and activity leads to falls. Decreased activity can increase fear of falling.
Educate staff to watch for dangers in the Home environment and movement and behavior of the residents.
Assistive devices can contribute to falls if not used properly. If a device is given to a demented resident who needs the assistance, it may be forgotten and left behind.
Adjust the height of beds and use floor mats when needed.
When analyzing a fall, decide *what was different this time?*