Queensland Government

In-patient Falls Assessment and Management Plan

Facility: QE Uni Hospital

(Affix identification label here)

URN: 45678

Family name: Richards

Given name(s): Jo

Address:

Date of birth: 01 JAN 1970 Sex: ☐M ☐F ☐I

Adult

- **Complete assessment within eight (8) hours of admission**
- **Reassess at a minimum of weekly, when there is a change in condition, medication, after a fall and on discharge**
- Care plans never replace clinical judgement. Care outlined must be altered if it is not clinically appropriate for the individual patient
- Every person documenting on the form must supply a sample of their initials in the signature log (page2)

Falls Risk Assessment

Identify risk factors
Tick (✓) **Yes** or **No**
(if Yes to any, patient is 'at risk' of a fall)

If YES to any →

Initiate actions
Tick when actioned (if indicated)

Risk Factors	Date				Actions	Date		
	Time	1100hrs				Time		
	Initial	ML				Initial		
Screen: The patient has had a fall in the last 6 months	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Refer patient to physiotherapist for gait and balance assessment			
The patient is observed to be unsteady	☐Y ☐N	☐Y ☐N	☐Y ☐N					
The patient requires supervision or assistance with transfer	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Conduct pre-activity screening prior to off bed transfer			
The patient is visually impaired	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Ensure glasses / visual aid is within reach • Consider referral (e.g. ophthalmologist, optometrist)			
The patient has new onset incontinence	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Initiate ward urinalysis • Notify MO and facilitate tests as ordered (e.g. MSU)			
The patient has existing incontinence, frequency or requires assisted toileting	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Initiate toileting routine • Consider use of continence aids • Refer for continence assessment (as appropriate)			
The patient reports postural symptoms	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Measure lying and standing BP			
The patient has a recent history of syncope	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Notify MO and facilitate tests as ordered (e.g. ECG, CT, ECHO, EEG, holter monitor)			
The patient is on one of the following medications: (antihypertensive, antidepressant, sedative, antipsychotic, benzodiazepine)	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Refer to MO / Pharmacist for medication review / simplification			
The patient is on more than 4 medications	☐Y ☐N	☐Y ☐N	☐Y ☐N					
The patient has a minimal trauma fracture and / or history of osteoporosis	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Facilitate tests ordered by MO (e.g. TFT, calcium, vitamin D assay, PTH, sEPP) • Refer to Dietitian (as appropriate)			
The patient has new onset or increased confusion / delirium	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Notify MO and facilitate tests as ordered (e.g. MSU, folate, CT, E/LFT, FBE, TFT) • Conduct / refer for cognitive assessment (if appropriate)			
The patient is usually confused	☐Y ☐N	☐Y ☐N	☐Y ☐N		• Conduct or refer for cognitive assessment (if appropriate)			

Following assessment, proceed to management plan (page 2)

DO NOT WRITE IN THIS BINDING MARGIN

v4.00 - 03/2017

SW134

IN-PATIENT FALLS ASSESSMENT AND MANAGEMENT PLAN

Queensland Government

In-patient Falls Assessment and Management Plan

(Affix identification label here)

URN: 45678

Family name: Richards

Given name(s): JO

Address:

Date of birth: 01 JAN 1970 Sex: ☐ M ☐ F ☐ I

Adult

- **Complete within eight (8) hours of admission**
- Review management plan at a minimum daily and document as per local policy
- Initial when strategies are implemented
- **V** indicates a variance from clinical care and must be documented in the clinical notes

Falls Prevention Management Plan

All care givers who initial are to sign signature log — Key ◆ Allied Health ■ Medical ▲ Nursing Ⓟ Pharmacy

Category			Date / Time		
Communication	▲ ◆ ■ Ⓟ	In partnership with patient and / or carer discuss falls risk factors and develop falls prevention plan			
		Provide written falls prevention information (e.g. *Stay On Your Feet® BE SAFE brochure*)			
		Communicate patients 'at risk' status at bedside handover			
		Instruct patient to call for assistance when getting out of bed / mobilising (if required)			
		Falls risk patients on anti-coagulant / antiplatelet medication, request MO / Pharmacy medication review			
Environment / Equipment	▲	Orientate patient to surroundings, routine and location of bathroom and toilet			
		Ensure clutter free and safe environment (e.g. night time lighting)			
		Ensure the bed height and position are suitable for the patient's needs			
		Apply bed brakes correctly			
		Ensure bed rails are at appropriate height for patient's needs			
		Keep buzzer in reach; educate patient on buzzer usage			
		Keep patient's routine belongings within reach			
		Keep patient's mobility aid in reach if applicable			
		Review patient footwear and / or foot problems			
Observations	▲	Ensure frequent rounding and surveillance			
		Consider supervision during toileting / showering / mobilisation			
		Ensure suitable toileting protocols are in place			
Other Care *(specify)*	▲ ◆ ■ Ⓟ				
Discharge Planning / Education	▲ ◆	Provide information on falls risk factors and prevention strategies (e.g. *Stay On Your Feet® Checklist*)			
		Refer to OT for ADL and home assessment			
		Complete nursing discharge summary and facilitate referrals			

Signature Log

Initial	Print name	Designation	Signature	Initial	Print name	Designation	Signature
ML	Monica Linnane	MO	MLin				

DO NOT WRITE IN THIS BINDING MARGIN