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| **Interventions to Consider for Residents with Risk Factors for Falling** | | | | |
| **History of Falls** | 1. Consider emergency call pendant. | | | |
| 1. Consider hip protectors. | | | |
| 1. Consider lowering bed closer to floor or putting mattress on floor. | | | |
| 1. Consider bed buddy or partial side rails. If partial side rails indicated for bed for repositioning or to prevent falls from bed, need physician’s order and negotiated risk agreement. | | | |
| 1. Consider higher toilet seat. Teach proper grab rail use. | | | |
| 1. Consider bedside commode. | | | |
| 1. Consider bladder training/toileting schedule. | | | |
| 1. Consider fluid and caffeine limitation in the evening. | | | |
| 1. Consider Vitamin D and calcium supplements. | | | |
| 1. Consider higher chair seats and/or lift chair. | | | |
| 1. Consider changing type of shoes, ensure that shoes fit well. Flat-heeled, high-sided shoes with thin, nonskid soles and gripper fasteners are best. | | | |
| 1. Plan close monitoring of resident during peak fall times. | | | |
| 1. Request evaluation by physician for cause of falls. | | | |
| **Falls with unknown cause; falls with no self-rescue.** | 1. Assess for postural hypotension. If identified, discuss interventions with physician. Consider caffeine with meals, higher salt intake, and higher fluid intake, sleeping with head elevated, compression stockings, and small, frequent meals instead of large meals. Teach leg maneuvers, slow postural changes, exercise. Teach to rise from bed or chair slowly, and to get help when lightheaded or dizzy. | | | |
| 1. Assess for postprandial hypotension. | | | |
| 1. Request consultation from cardiologist for possible cardiac cause of falls. | | | |
| **Cognitive or Visual Impairment** | 1. Locate disoriented resident closer to front of residence. Plan frequent monitoring. | | | |
| 1. Orient resident thoroughly and repeatedly to apartment and residence. | | | |
| 1. Use colored bath mats, toilet seat covers, and wastebaskets. Tie bright ribbons on call lights. | | | |
| 1. Use nightlights and glow-in-the-dark decals on light switches and doorknobs. | | | |
| 1. Mark path from bed or chair to bathroom with red tape. | | | |
| 1. Ask resident to consider wearing separate pairs of glasses for distance and close viewing. Educate about importance of maintaining current prescription. | | | |
| 1. Request consultation from optometrist or ophthalmologist. | | | |
| **Strength or Stability Impairment** | 1. Request physical therapy and/or occupational therapy consults from physician. Resident may require gait, strength, transfer, flexibility, balance, or device training. Staff may need transfer or gait belt training. Ask about individualized exercise program for resident and training for resident and staff. | | | |
| 1. Consider assistive mobility devices such as wheelchair, walker, cane, pivot table, or lift chair. | | | |
| 1. Encourage resident to take part in residence exercise opportunities if approved by doctor. | | | |
| 1. Request consultation from podiatrist or chiropodist. | | | |
| **Multiple Medications or Meds with Possible Adverse Effects** | 1. Ask nurse or pharmacist to conduct careful review of resident’s medications, looking for medications that may cause dizziness, disorientation, confusion, impaired memory or judgment, unsteady gait, imbalance, weakness, drowsiness, or lack of coordination. Discuss possible alternatives with physician and/or pharmacist when such medications are present. | | | |
| 1. Plan close monitoring of resident during peak medication effect times. | | | |
| 1. Request evaluation by physician for possible medication alterations. | | | |
| **Other** |  | | | |
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| **Signature** | Date: Signature: | | | |
| **Reassessed; No Change** | | | Date: | Sign: |
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