3.8: Fall Prevention

Patient falls are the most reported patient safety events in British Columbia and account for 40% of all adverse events (BCPSLS, 2015). Falls are a major priority in health care, and health care providers are responsible for identifying, managing, and eliminating potential hazards to patients. All patient-handling activities (positioning, transfers, and ambulation) pose a risk to patients and health care providers. Older adults may be at increased risk for falls due to impaired mental status, decreased strength, impaired balance and mobility, and decreased sensory perception (Titler, Shever, Kanak, Picone, & Qin, 2011). Other patients may be at risk due to gait problems, cognitive ability, visual problems, urinary frequency, generalized weakness, and cognitive dysfunction. Specific treatments and medications may cause hypotension or drowsiness, which increase a patient's risk for falls (Hook & Winchel, 2006).

Fall Prevention Strategies

All clients should be assessed for risk factors, and necessary prevention measures should be implemented as per agency policy. Table 3.7 lists factors that affect patient safety and general measures to prevent falls in health care.

Table 3.7 Fall Prevention Strategies

Prior to ambulation consider the following risk factors:

- Age (elderly)
- Sensory-perception alteration
- Cognitive impairment (decreased LOC, confusion)
- Poly-pharmacology
- Urinary incontinence
- Ability to communicate (language barriers)
- Lack of safety awareness (height of bed, attachments and tubes)
- Environmental factors (dim light, tripping hazards, uneven floors)

### Prevention Strategies | Safety Measures
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Look for fall risk factors in all patients. | Identifying specific factors helps you implement specific preventive measures. Risk factors include age, weakness on one side, the use of a cane or walker, history of dizziness or lightheadedness, low blood pressure, and weakness.
Follow hospital guidelines for transfers. | Transfer guidelines provide a good baseline for further patient risk assessments.
Orient patient to surroundings. | Orient patients to bed, surroundings, location of bathroom and call bell, and tripping hazards in the surrounding environment.
Answer call bells promptly. | Long wait times may encourage unstable patients to ambulate independently.
Ensure basic elimination and personal needs are met. | Provide opportunities for patients to use the bathroom and to ask for water, pain medication, or a blanket.
Ensure patient has proper footwear and mobility aids. | Proper footwear prevents slips.

https://med.libretexts.org/Books/selves/Nursing/Book%3A_Clinical_Procedures_for_Safer_Patient_Care_(Doyle_and_Mccutc...
Communicate with your patients.

Let patients know when you will be back, and how you will help them ambulate

Keep bed in the lowest position for sedated, unconscious, or compromised patients.

This step prevents injury to patients.

Avoid using side rails when a patient is confused.

Side rails may create a barrier that can be easily climbed and create a fall risk situation for confused patients.

Keep assistive devices and other commonly used items close by.

Allow patients to access assistive devices quickly and safely. Items such as the call bell, water, and Kleenex should be kept close by, to avoid any excessive reaching.

Data source: Accreditation Canada, 2014; Canadian Patient Safety Institute, 2015; Perry et al., 2014; Titler et al., 2011

Lowering a Patient to the Floor

A patient may fall while ambulating or being transferred from one surface to another. If a patient begins to fall from a standing position, do not attempt to stop the fall or catch the patient. Instead, control the fall by lowering the patient to the floor. Checklist 31 lists the steps to assisting a patient to the floor to minimize injury to patient and health care provider (PHSA, 2010).

Checklist 31: Lowering a Patient to the Floor

Disclaimer: Always review and follow your hospital policy regarding this specific skill.

Safety considerations:

- There is always a potential fall risk during transfers and ambulation. Prevention is key.
- If a patient begins to feel dizzy, have them sit on a chair or the floor to avoid a fall.
- The head is the most important part of the body; always protect it as much as possible.
- In the event of a fall, stay with the patient until help arrives.
- After a fall, always assess a patient for injuries prior to moving them. If the patient remains weak or dizzy, do not attempt to ambulate them. Seek help.
<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If a patient starts to fall and you are close by, move behind the patient and take one step back.</td>
<td>Look and be attentive to cues if a patient is feeling dizzy or weak.</td>
</tr>
<tr>
<td>Stand behind patient</td>
<td>Hand placement allows for a solid grip on the patient to guide the fall.</td>
</tr>
<tr>
<td>2. Support the patient around the waist or hip area, or grab the gait belt. Bend your leg and place it in between the patient’s legs.</td>
<td>Support patient by grabbing the hip area or gait belt</td>
</tr>
<tr>
<td>3. Slowly slide the patient down your leg, lowering yourself at the same time. Always protect the head first.</td>
<td>Lowering yourself with the patient prevents back injury and allows you to protect the patient’s head from hitting the floor or hard objects.</td>
</tr>
</tbody>
</table>
4. Once the patient is on the floor, assess the patient for injuries prior to moving.

   Assesses patient’s ability, or need for additional help, to get off the floor.

   Assess patient prior to moving

5. Provide reassurance and seek assistance if required.

   If required, stay with the patient and call out for help.

6. If patient is unable to get up off the floor, use a mechanical lift.

   If patient still feels dizzy or weak, using a mechanical lift will prevent injury.

7. Complete an incident report according to agency policy.

   An incident report helps identify and manage risks related to patient falls.

Data source: Perry et al., 2014; PHSA, 2010; Titler et al., 2011

**Special considerations:**

- Use a falls risk assessment tool for all patients according to agency policy.
- Younger patients may not be aware of the effects of medication and treatments leading to dizziness and orthostatic hypotension.
- Inform patients and family members about the potential risks for falls in the hospital. If informed, people are more likely to call for assistance.
- Always ensure call bell is in place. Many falls occur due to incontinence issues. The call bell allows patient and family to obtain assistance quickly.
- If appropriate, educate patient about home maintenance and safety to prevent falls when returning home.
- Fall prevention is interdisciplinary. Proper communication by the care team is required to prevent falls.

Take this *Lowering a Patient to the Floor* course for more information on lowering a falling patient to the floor.

**Critical Thinking Exercises**

1. Name four fall prevention strategies that will help keep a patient safe when ambulating in the hospital.
2. A patient is ambulating for the first time after surgery. Is it safe to encourage the patient to ambulate independently?

3. Many physiological risk factors can be identified from a routine assessment. Name three risk factors and three prevention strategies to manage these risks. For example, if a patient has frequent toileting needs, a preventive action is to offer assistance to the toilet every hour, and to ensure the call bell is within reach at all times.