**FALL PROTOCOL**

**Residents at Risk for Falls**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONE FALL**

1. Evaluate environmental safety factors – wet floor, bed unlocked, crowded furniture.
2. Evaluate resident’s gait, steadiness, mobility problems.
3. Assess for appropriate footwear – non-skid soles, appropriate fit, etc.
4. Evaluate accessibility of call bell.
5. Evaluate medication use within past two hours that may affect gain, ambulation – i.e. sedatives, antihypertensives, diuretics.
6. If restraint was in use at the time of the fall, evaluate appropriateness and effectiveness of use.
7. Assess resident for change in mental status.
8. Update care plan with fall prevention interventions.

**TWO FALLS (within 90 days)**

1. Repeat above steps and,
2. Physical therapy screen
3. Discuss fall risks with resident and family

**THREE FALLS (within 90 days)**

1. Request attending physician to complete an evaluation and document findings – review medications and reduce as necessary.
2. Interdisciplinary Team to reassess appropriateness/effectiveness of restraints in use.