

Fall Prevention and Management in Personal Care Home

FALLS PREVENTION/INTERVENTION CHECKLIST

Practice Universal Falls Precautions for all residents!

Implement the following prevention measures/interventions based on assessed Fall Risk Score (see Fall Risk Screening Tool CLI.6410.PL.014.FORM.01).

Score	Preventative Measure/Intervention	Date/Initial
< 7	✓ Apply individualized strategies based on identified risk factors in screening.	
	✓ Recommend Vitamin D supplement.	
	✓ Document fall risk score on the Integrated Care Plan.	
	✓ Provide resident and/or his/her substitute decision maker with the handout "Falls Prevention – A Guide for Residents" (CLI.6410.PL.014.SD.03).	
≥ 7	In addition to the above measures:	
	✓ Communicate the fall risk score at shift change.	
	✓ Place the falling star logo (CLI.6410.PL.014.SD.06) in the resident's room, on his/her mobility aids, and on the healthcare record.	
> 12	In addition to all the above measures:	
	✓ Hold an interdisciplinary team meeting and invite the resident and/or his/her substitute decision maker to participate.	

FALLS PREVENTION/INTERVENTION INDIVIDUALIZED STRATEGIES

- Identify any preventative measures/interventions which may benefit the resident and transfer them into the Integrated Care Plan.
- Date and initial each line as it is completed.
- If an intervention is discontinued note the discontinuation on the Integrated Care Plan and on this form by stroking through the intervention in the left hand column, writing “discontinued”, the date and initials above.
- Review this form quarterly at minimum in Personal Care Homes.
- Do not date/initial next to preventative measures/interventions which will not be implemented for the resident.

Preventative Measure/Intervention	Date/ Initial
Impaired Cognition	
Assess cognitive status	
Orientate to room, unit and/or facility	
Orientate to call bell	
Orientate to bathroom location	
Call bell within reach	
Provide signage for reminders (e.g. to bathroom location)	
Provide visual and verbal reminders to use walking aides	
Use bed/chair alarm or motion sensor	
Place fall mat on the floor beside bed when the resident is in bed, when the resident is unable to stand/ambulate independently	
Body pillows or contoured mattress (as alternative to side rails)	
Put bed in lowest position when resident is in bed, if resident is unable to stand/ambulate independently	
Reduce stimuli in the environment	
Behaviour mapping	
Use sensory stimulation activities if resident is restless or agitated	
Provide volunteer companion support for support and reassurance	

Preventative Measure/Intervention	Date/ Initial
Refer to Seniors Consultation Team	
Move resident to a room closer to the nursing station	
Review restraints	
Mobility/Balance/Gait Deficits	
Transfer and Mobility Assessment (SCHIPP)	
Clothes that are easy to put on and removed	
Assistive devices (e.g. reachers)	
Assess footwear (provide resident with handout “Proper Footwear Can Help Prevent Falls – CLI.6410.PL.014.SD.04”)	
Firm mattress to support when moving in bed	
Foot plates on wheelchair are easy to move	
Hip protectors discussed with resident and/or substitute decision maker (provide with handout “Hip Protectors – CLI.6410.PL.014.SD.05”)	
Refer to Rehabilitation Services for assessment if resident’s clinical status changes or if the resident experiences an increase in falls	
Refer to Rehabilitation Services if the resident requires a new or changed transfer or mobility aid intervention	
Encourage resident to attend group exercises	
Provide visual and verbal reminders to use walking aides	
Assist resident to do ROM/strength and/or balance exercises developed by OT/PT	
Educate resident and/or his/her substitute decision maker on the benefits of balance and strength building exercises	
Underlying General Issues	
Assess for orthostatic hypotension (dizziness & vertigo)	
Review current weight and compare to past weights	
Refer to dietitian as per policy CLI 6111 SG 001 <i>Identification of Significant Weight Change</i>	
Nutritional assessment	
Encourage intake of fluids	

Preventative Measure/Intervention	Date/ Initial
Pain management	
Encourage Vitamin D supplementation	
Impaired Vision	
Vision testing	
Discuss use of single vision lens instead of bifocals, trifocals or progressives with resident and/or his/her substitute decision maker	
Clean eye glasses daily	
Alterations in Urinary and Bowel Elimination	
Use a colored toilet seat	
Refer to Rehabilitation Services for assistance with modifications to call bells, toilet rails etc. if the resident has severe vision impairment	
Encourage resident to wear glasses	
Manage constipation	
Assess bowel and bladder elimination pattern	
Use appropriate size and absorbency level of incontinent product	
Implement prompted voiding/toileting schedule according to resident's identified pattern	
Encourage resident to wear clothing that is easily removed or undone for toileting	
Medication Review	
Review medications for those highly associated with falls: benzodiazepines, hypnotics, tricyclic antidepressants, and selective serotonin reuptake inhibitors	
Discuss with prescriber if any high risk medications can be discontinued or the dose reduced	