



**FALLS PRECAUTIONS -  
ACUTE CARE  
KARDEX INSERT**

<b>FALLS PREVENTION – CARE PLAN</b>	
REASSESS FALLS RISK WEEKLY: DUE _____	
<p><b>Universal Precautions</b></p> <ul style="list-style-type: none"> <li>■ Orientate patient to the environment.</li> <li>■ Ensure signage is in place for patients with mild cognitive impairment.</li> <li>■ Ensure adequate hydration and nutrition.</li> <li>■ Complete Transfer and Mobility Assessment prior to any transfer.</li> <li>■ Ensure Patient Transfer and Handling Requirements are posted on the Communication Whiteboard.</li> <li>■ Assist with transfers as required.</li> <li>■ Ensure patient is using proper mobility aid as applicable.</li> <li>■ Keep bed/stretcher/chair in the lowest position with brakes on.</li> <li>■ Keep bottom bedrails down unless otherwise indicated.</li> <li>■ Assist with toileting as required. <i>Consider developing a toileting schedule.</i></li> <li>■ Administer analgesic(s) as ordered and required. <i>Consider developing an analgesic administration schedule.</i></li> <li>■ Ensure patient items are within easy reach.</li> <li>■ Place call bell within reach.</li> <li>■ Ensure room is free of obstacles.</li> <li>■ Remind patient to ask for assistance.</li> <li>■ Ensure patient has properly-fitting clothes &amp; footwear.</li> <li>■ Ensure proper use and function of eyewear and hearing aids.</li> <li>■ Ensure proper lighting: _____</li> <li>■ Once a hour check (at minimum).</li> <li>■ Reassess falls risk if patient falls/change in condition/change in environment.</li> <li>■ Prior to leaving patient's room,               <ul style="list-style-type: none"> <li>• Ensure call bell and personal items are within patient reach;</li> <li>• Ask patient:                   <ul style="list-style-type: none"> <li>- If they need to go to bathroom</li> <li>- If they are experiencing any pain or discomfort and</li> <li>- If they need anything else.</li> </ul> </li> </ul> </li> </ul>	<p><b>High Risk Precautions</b></p> <ul style="list-style-type: none"> <li>■ Apply Yellow Armband on Patient.</li> <li>■ Identify Falls Risk on Communication Whiteboard.</li> <li>■ Communicate patient risk and safety plan at care transitions.</li> <li>■ Provide and Review with Patient/Family "Falls and You .... Most Falls are Preventable" handout.</li> <li><input type="checkbox"/> Assist with toileting at regular intervals.</li> <li><input type="checkbox"/> Use incontinent products as appropriate.</li> <li><input type="checkbox"/> Dangle before standing, ankle pump while sitting before standing, rise from sitting to standing slowly, sit down if dizzy.</li> <li><input type="checkbox"/> Place commode / urinal at bedside.</li> <li><input type="checkbox"/> Bed / chair alarm.</li> <li><input type="checkbox"/> Use fall mat by bed or stretcher.</li> <li><input type="checkbox"/> Consult: <input type="checkbox"/> Physio <input type="checkbox"/> OT               <ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health Liaison <input type="checkbox"/> Social Worker</li> <li><input type="checkbox"/> Dietician</li> <li>■ Pharmacy                   <ul style="list-style-type: none"> <li>■ Review all medications</li> <li><input type="checkbox"/> Consider Vitamin D and Calcium</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Family/volunteer involvement in patient care. Specify: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>