Taking appropriate precautions against falls

Learn about key fall precautions for patients in acute or long-term settings.

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Falls pose a major public health problem around the world. In the United States, unintentional falls occur in all age groups. Such falls are the leading cause of nonfatal injuries treated in emergency departments (EDs) among all age groups except ages 10-14 and 15-24, for whom these falls are the second leading cause.

Commonly called "never events," injurious falls can cause significant morbidity and mortality. Some 3% to 20% of inpatients fall at least once during their hospital stay. Also, adults ages 65 and older account for 70% of inpatient bed days in hospitals; advanced age is an independent risk factor for falls.

We need to accept that all patients in our care are at risk for falling. For this reason, nurses who practice in any setting and care for patients of any age should be actively involved in patient safety and fall-prevention awareness and interventions. This article summarizes recommendations regarding key fall precautions for patients under the direct care of registered nurses (RNs) in acute or long-term settings. Key precautions fall into these categories:

- Follow the nursing process.
- Reduce the risk of falls.
- Protect patients from injury if a fall occurs.

Follow the nursing process

Every RN learns about the nursing process—assessment, diagnosis, outcome identification, planning, implementation, and evaluation. You must carry out all steps of this process for each patient to ensure that you've assessed fall risk factors and that the assessment leads to a diagnosis. Communication and collaboration among interdisciplinary team members are crucial.

The nursing process and nursing judgment—not electronic records with templated checkbox notes—should drive patient care. A primary characteristic of nursing practice is that it's individualized for each patient. Unless you complete all the nursing process steps, individualized fall-prevention plans of care aren't established with the patient, caregivers, and interdisciplinary team.

Reduce the risk of falls

The three main types of falls are accidental falls, anticipated physiologic falls, and unanticipated physi-ologic falls. This article focuses on the first two. (For more information on preventing falls, including unanticipated physiologic falls, see "Assessing your patients' risk for falling" in this special section.)

Reducing fall risk also includes surveillance. (See *Surveillance options.*)

Reducing accidental fall risk

Accidental falls can result from an unsafe environment or environmental risk factors. To reduce the risk of these falls, maintain a constant awareness of environmental safety and take the following actions:

- Eliminate slipping and tripping hazards.
- Keep the bed at the proper height during transfer and

when the patient rises to a standing position.
- Don't keep the bed in a low position at all times.
- Check chairs, toilets, and safety grab bars for potential safety problems.
- Use proper room lighting.
- Make sure the patient wears proper footwear (not just non-skid socks).

Also, conducting environmental rounds helps nurses identify and modify environmental fall and injury risks. Such rounding provides

Surveillance options

Monitoring patients is an essential part of preventing falls and injury caused by a fall. Technology options for surveillance, such as bed and chair alarms and camera technology, continue to evolve.

As with other interventions, use of technology should be individualized to the patient; not all types of technology work for all patients. Also, plans must be put in place to evaluate the effectiveness of technology and other prevention tools.

a structured method for recording when and where risks exist, assigning responsibility to correct them, establishing resolution dates, and setting a follow-up date for resolution.

Reducing anticipated physiologic fall risk

Anticipated physiologic falls can stem from known intrinsic or extrinsic risk factors.

- *Intrinsic* risk factors include impaired vision, gait, or balance; lower-extremity sensory neuropathy; orthostatic hypotension; and confusion.
- *Extrinsic* risk factors include certain medications and mobility aids, such as canes and walkers. To identify extrinsic risk factors, perform a comprehensive multifactorial assessment. Evidence supports the use of multifactorial fall-prevention programs for reducing falls and injuries in acute-care settings.

To reduce the risk of anticipated physiologic falls, use interventions tailored to the patient's identified risk factors. For example, if the patient has elimination problems, implement anticipated toileting; for a patient with sleep deficits, suggest alternative sleep hygiene methods (listening to talking books or soft music or getting a backrub) rather than sleep medications. If the patient has impaired gait or balance, keep mobility aids within reach and provide a referral to rehabilitation services.

Protect patients from injury if a fall occurs

Recent fall-prevention toolkits have focused on assessment and treatment of modifiable fall and injury risks, along with population-specific approaches. In other words, you should assess all patients (especially those older than age 65) for fall injury risk and history.

Be aware that interventions meant to protect patients from injury are separate and distinct from those used to prevent falls. For instance, if the patient has a history of a hip fracture, surveillance practices (for example, rounding), protective equipment (such as floor mats and hip protectors), and possibly technology (for example, video surveillance and chair alarms) should be used, regardless of the patient's score on a fall-risk screening tool. Strategies to reduce trauma and injury, such as using floor mats and hip protectors and eliminating sharp edges, have been integrated into toolkits and practice for older adults for more than 10 years. Helpful toolkits are available from multiple agencies, such as the Department of Veterans Affairs, Institute for Healthcare Improvement, Institute for Clinical Systems Improvement, Agency for Healthcare Research and Quality, and the Minnesota Hospital Association.

As nurses, we can significantly reduce the risk of falls and decrease the rates of patient falls and injuries caused by falls by using our clinical judgment and expertise, individualizing each patient's care, and broadening fall prevention to include injury risk and protection from injury.

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