Loving Care Hospice & Home Health
Fall Prevention Worksheet

Patient Name: _____ **Date:** _____

Reason for Assessment: ☐ **Admission** ☐ **ROC** ☐ **Recert** ☐ **Post Fall** ☐ **Discharge** ☐ **Other:** _____

Assessment	Results	Date	Clinician Initials
MAHC 10	**Total:**		
TUG	**Time in seconds:**		
Tinetti	**Balance:** **Gait:** **Combined:**		
ABC	**% of self-confidence:**		
Orthostatic Hypotension	**Supine: / Sitting: / Standing: /**		
Medication Review	☐ **Benzodiazepine (Ativan, Xanax, Restoril)**		
	☐ **Non-benzodiazepine (Ambien, Lunesta)**		
	☐ **Antipsychotics (Risperdal, Seroquel, Zyprexa)**		
	☐ **Anticonvulsants/mood stabilizer (Depakote, Gabapentin)**		
	☐ **Antidepressants**		
	☐ **Opioids**		
	☐ **Antihypertensive**		
	☐ **Antidiabetics**		
	☐ **Anticholinergics (Benadryl, Nyquil, Tylenol PM)**		

Based upon the above assessment findings, the patient is at ☐ **Low** ☐ **High Risk for falls.**

Universal Precautions- All Patients **Date Implemented:** _____ **Initials:** _____

1. Remove safety hazards and modify home environment to assure safety, with help/consent of patient/caregiver/family.
2. Use eyeglasses, adequate footwear, hearing aids and any personal assistive devices when ambulating or transferring.
3. Lock wheels on wheelchairs before transferring (if applicable).
4. Ensure adequate lighting.
5. Keep telephone and personal items accessible to the patient.
6. Remind patient to call for assistance, if needed, to transfer, ambulate, toilet or retrieve hard to reach items and to avoid bending to pick up items.
7. Maintain walkways free from excessive clutter.
8. Provide patient/family with educational handouts provided on admission.
9. Educate patient to inform nurse of any symptoms (e.g. dizziness, lightheadedness) with postural change (for example, lying, sitting, standing).
10. Use adaptive equipment in bathrooms when necessary.

High Risk Precautions- Patients identified as high risk **Date Implemented: _____ Initials: _____**

1. Notify all disciplines that the patient has been identified as a high risk for falls. Make a notation in the Safety Precautions box in the EMR. Referrals assessed to be high risk for falls should be seen within 24 hours.
2. Re-orient patient/teach family to re-orient patient to the environment, time, person, place, as frequently as needed. Use cues (calendars, clocks, etc.) whenever possible.
3. Ensure supervision and assistance with elimination, transfer and ambulation activities.
4. Implement toileting program as appropriate.
5. Frontload visits to ensure patient safety.
6. Notify Attending Physician that patient is a high risk for falls by:
    a. Discussing and initiating a plan of care which addresses: medications, cognitive function, gait and balance, as well as other condition that may contribute to patient falls.
    b. Recommending/suggesting referrals or consults to address individually assessed problems. (Complete Algorithm Form prior to contacting the physician).
    c. Document the conversation in the patient's nursing assessment and/or telephone progress note.
7. Educate patient on controlled falls & self-assessment/how to get up after a fall.

*****DOCUMENT ALL INTERVENTIONS IN THE PATIENT'S MEDICAL RECORD*****

Comments: _____
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RN Case Manager: _____