Prevention of

Pediatric Patient Falls

Instruction Packet

University of Minnesota
Children's Hospital, Fairview

Dear UMCH, F, patient care staff,

As you are aware, reduction of patient falls is one of the National Patient Safety Goals (NPSG) University of Minnesota Children's Hospital, Fairview (UMCH,F) is putting into action. This brief learning packet will give you an overview of the falls prevention/reduction program we are implementing at UMCH, F.

This program includes assessing all pediatric patients upon admission, transfer, as part of their daily assessment, and with changes in their plan of care or overall condition that might consequently put them at a high risk of falling. We know that children fall as a normal part of learning to walk, run, turn, climb etc. These are the kinds of falls that hospital staff are expected to try and prevent for all children on an ongoing basis. The purpose of this initiative, however, is to identify children who have an even greater risk of falling due to medications, treatments, musculoskeletal impairments, or state of health. If they are identified to have any of the risk factors, we must respond with special interventions and seek the help of any family members to help prevent them from falling. We also need to clearly document our assessment and interventions on our flow sheets, kardex, and care plans.

Our goal is to prevent falls and provide the best possible care for our pediatric patients. Please review the information in this packet and get ready to predict and prevent pediatric patient falls. As the saying goes, "an ounce of prevention is worth a pound of cure."

Pediatric Falls Prevention: An Ounce of Prevention Is Worth a Pound of Cure

Objectives:

1. Identify pediatric patients at risk for falls.
2. Demonstrate how and when to assess pediatric patients using the Fairview Pediatric Falls Risk Screen.
3. Describe interventions you can use to prevent falls for pediatric patients.
4. Describe how to document falls risk assessment and implemented interventions.

Rationale:

Research has shown that the process of identifying patients at risk for falls, frequently re-assessing the risk factors, and implementing measures to reduce risk based on these assessments, can decrease the incidence of patient falls, as well as reduce the injury level and promote patient safety.

Definition:

A fall is an unanticipated change in body position in a downward motion that may or may not result in injury.

Two types of falls:

A. Environmental Falls (Extrinsic) External factors that lead to patient falls. Some common external causes: wet floor, slippery footwear and tubing and linen on the floor.

B. Pathophysiological Falls (Intrinsic) Patients that have a medical condition that cause changes in reasoning, strength and vision.

When to assess:

- On admission or transfer
- Daily (note that risk factors and/or interventions can be added/discontinued at any time)
- When there are changes in care or patient condition: sedation, med change that increases risk, or history of a fall.
- Recognize that **all PICU** patients are considered high risk

Elements of falls prevention:

1. Assess for falls risk using the Fairview Pediatric Falls Risk Screen found in the peds assessment section on FCIS.
2. If at risk for falls and on a peds med/surg unit:
   - identify this in the "Kardex" and with magnetic signage on the patient's room stating "falls precautions"
   - apply a yellow wristband noting "falls precautions"
   - the above 2 interventions are not needed for PICU patients as all are considered high risk
3. Deliver patient and family education related to falls prevention utilizing the "Preventing Falls" handout obtained through Smartworks.
4. Develop an interdisciplinary team care plan identifying interventions to be put in place to prevent falls (Potential for Injury).

In the event of a fall

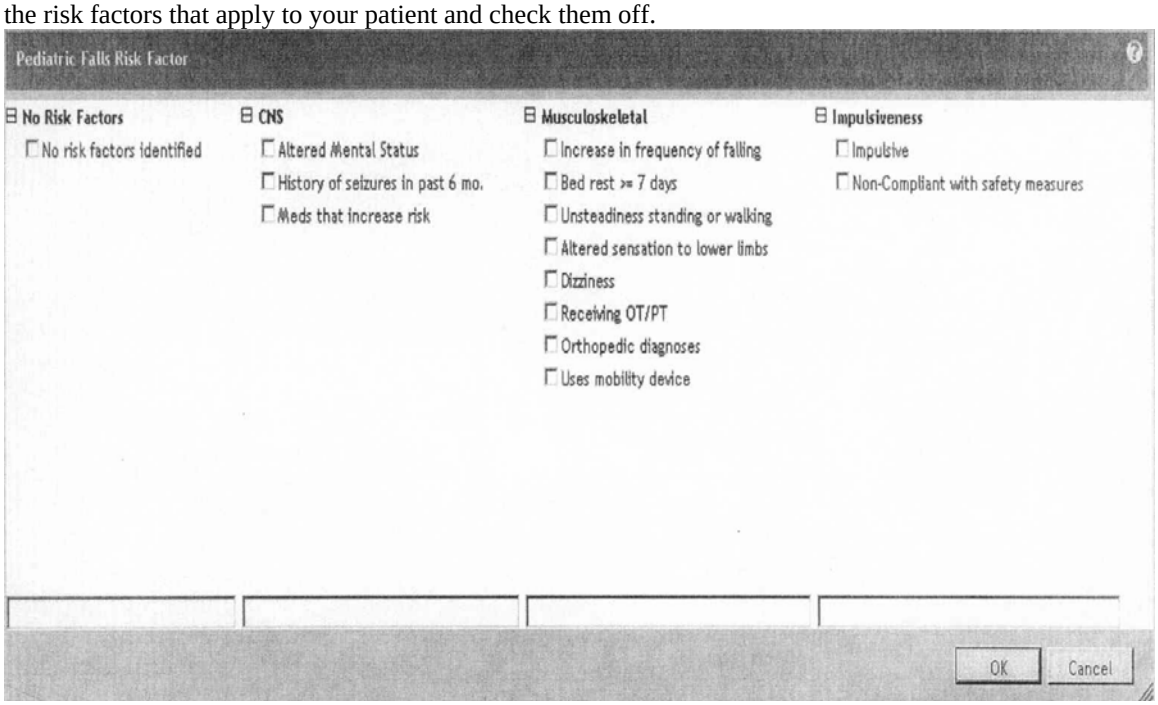
- RN to assess patient
- Notify physician and family
- Complete "I CARE" form
- Write a progress note
- Documentation should include: time, date, patient involved, observations, patient statements (if verbalizes), assessments made, interventions taken, notifications that were made (name, date, and time), patient response to interventions taken, and overall evaluation of the patient.
- Reassess patients VS and neuro checks

Supplies

1. Falls risk door magnet: stocked on the floor.
2. Patient Fall Education that can be printed off the computer through Smartworks:
   - Pediatric English #520438
   - Adult Somali #194804so
   - Adult Spanish #194804sp
   - Adult Russian #194804ru
3. Falls poster for the door available through Smartworks:
   - English #520264
   - Somali #520264so
   - Spanish #520264sp
   - Russian #520264ru
   - Hmong #520264hg
4. Yellow arm bracelets: matkon #194830

Documentation

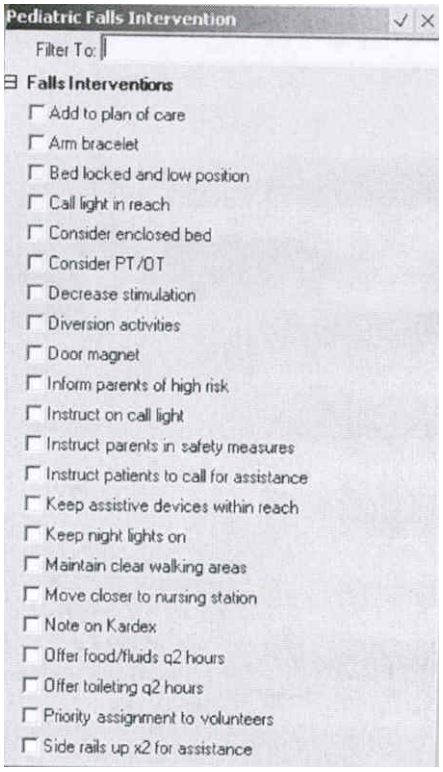
To find the peds risk assessment go to the Assessment Peds section and click on falls risk assessment. Identify the risk factors that apply to your patient and check them off.



If any risk factors are identified press OK and then identify the pediatric falls interventions to be implemented. For any patient who is identified to be at risk you must include the following interventions at a minimum:

- Add to the plan of care
- Arm bracelet
- Door magnet

- Inform parents of high risk.
- Instruct parents in safety measures
- Note on the kardex



Department: **Nursing Services**

Manual: **Policy Manual**

Category:	Provision of Care
Subject:	Fall Prevention Program, Pediatrics
Purpose:	To outline assessment and interventions for pediatric inpatients at risk for falls.
Policy:	All pediatric inpatients will be assessed on admission/transfer and throughout hospitalization for risk factors associated with falls based on the Fairview Pediatric Falls Risk Screen. Risk categories will be reviewed and individualized interventions will be implemented for patients identified as being "at risk" for falling. Note: All Pediatric Intensive Care Unit (PICU) patients are considered to be at risk for falls.
Rationale:	Research has shown that the processes of identifying patients at risk for falls, frequently re-assessing the risk factors, and implementing measures to reduce risk based on these assessments, can decrease the incidence of patient falls, as well as reduce the injury level and promote

	patient safety.
Definition:	Definition of a "Fall" per National Database of Nursing Quality Indicators (NDNQI): • an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) o with or without injury to the patient. All types of falls are to be included o whether the fall results from physiological reasons (fainting) or environmental reasons (slippery floor). o whether a staff person attempted to minimize the impact of the fall. o JCAHO makes the distinction between patients who are dropped vs those who fall. Patients who are dropped "fall outside of the scope of this patient safety goal". (personal communication, Laurel Ann Peterson, JCAHO Standards and Interpretations, August 24, 2006).
	I. Assessment will be completed using the Fairview Pediatric Falls Risk Screen : 1. On admission 2. Every day 3. On transfer to another inpatient unit 4. With changes in plan of care, e.g., a. Sedation for procedure b. Change in medication doses that may increase risk c. Patient fall **II. Fall Prevention Measures:** A. Pediatric medical/surgical patients identified at risk for falling will have: 1. "Kardex" notation stating "fall precautions" 2. Magnetic Room signage noting "fall precautions" 3. Patient/parent education handout provided 4. Yellow wrist band noting "fall precautions" applied 5. Assessments and interventions documented on the assessment flow sheet. B. PICU patients will have: 1. Assessments and interventions documented on the assessment flow sheet.

	III. In the event of a fall: 1. Notify the attending physician and/or house officer of the fall and the results of the post-fall nursing assessment. Document and execute orders received. Utilize chain of command if there is concern about the response of the physician. 2. Notify family. 3. Objectively document in the medical record description of the event, patient reaction to the event, the name of the physician notified and time notified, the name of the family member notified and time notified, actions taken as a result of the event and patient response to any actions taken. 4. Document in the Kardex and care plan, including the date of the fall. 5. Complete an Occurrence form on I Care electronically. **IV. Patient and Family Education:** 1. Staff will provide patient education handout to patient / family. 2. Staff will document on the Patient Education Flow sheet.
External Ref:	National Database of Nursing Quality Indicators Personal communication, Laurel Ann Peterson, JCAHO Standards and Interpretations, August 24, 2006.
Internal Ref:	University of Minnesota Medical Center, Fairview policy E:IM-400, Documentation Process University of Minnesota Medical Center, Fairview Nursing Department Policy D:IM-5094, Documentation Process University of Minnesota Medical Center, Fairview policy E:PI-4004, Occurrence/Quality Referral Report (non-medication related).
Source:	
Approved By:	UMCH, F Nursing Practice Council, University of Minnesota Children's Hospital, Fairview Quality Committee