

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

FALLS

Purpose:

To promote proactive practices for patient care planning which minimize the risk for falls. To minimize the risk of falling without compromising the functional independence of patients. To identify the components of LSUHSC Fall Prevention Program.

Definition:

A fall is a sudden, uncontrolled and unintentional downward displacement of the body to the ground or other object, excluding falls from violent blows or other purposeful actions. The fall may be witnessed or un-witnessed (patient found on the floor, ground or other object) and may or may not result in a physical injury. (This definition does not include an assisted lowering of a patient to a chair or the floor.)

Policy:

1. Patients shall be assessed for fall risk factors during admission assessment, daily assessments, and as the patient condition warrants. Assessments and periodic reassessments shall include the potential risk associated with the patient's medication regimen. If determined to be at risk, a plan of care for the patient shall be developed proactively that utilizes interventions to reduce the risk of patient harm resulting from falls.
2. Documentation of patient/family education regarding fall risk factors shall be placed in the medical record.
3. LSUHSC Falls Prevention Program requires that a visible marker (leaf symbol) be placed on the inpatient's door and above the patient's bed when a patient has been identified as at risk for falls. Patients will also be identified for falls prevention with an orange wrist band; additionally, an orange page advising caregivers that the patient is at risk is placed in the front of the patient's medical record.

4. The staff is responsible for implementing falls precautions, including frequent patient monitoring, using supplied fall prevention equipment, assessment of patient and maintaining a safe environment.
5. A patient who has experienced a fall shall have an immediate physical assessment, MD notification, and the event documented in the medical record and variance report: including a date/time, description of fall, location of fall, patient physical assessment, current medications, and other related factors that are pertinent.
6. A variance report is completed for every fall during shift of occurrence and forwarded to Quality Management. A fall resulting in a major injury (fracture, head injury, death) shall be reported immediately to the Unit Manager or Administrative House Manager (after-hours).
7. The Nursing Falls Prevention Quality Council and Falls Committee promotes proactive practices for patient care planning which minimizes the risk for falls; works to develop a falls prevention program that reduces the risk of patient harm resulting from falls; collects and evaluates falls data on a monthly basis; and makes recommendations based on data and trends, as appropriate.



Administrator

10/23/09

Date

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