

### Policy

**Purpose:** The purpose of this express in-service is to inform all UTMB Health staff of some key topics in the Patient Falls Prevention Policy.

**Audience:** UTMB inpatient staff.

**Policy:** UTMB Health is committed to patient safety and a culture of trust. Preventing patient falls and injury involves the patient, their family, all staff and health care professionals.

**Assessment Tools:**

**Morse Fall Scale (MFS):** A fall risk assessment tool that predicts the likelihood of an adult patient falling. This tool will be used for patients who are **18 years and older**.

**Humpty Dumpty Fall Assessment (HDFA):** A tool that can help predict the likelihood of a pediatric patient fall. This tool will be used for patients who are **≥ 90 days but < 18 years old**.

A fall risk assessment shall be completed by a Registered Nurse as part of the Nursing Admission Assessment on all inpatients within 24 hours of admission, including patients in observation status.

In the Emergency Department (ED), a fall risk assessment shall be completed at the time of the ED nursing focused assessment.

All patients shall be reassessed every shift, after any changes in the patient's condition, and after a fall.

MFS Fall Risk	HDFA Fall Risk
Low: 0-24	A child with a score of 12 or above is considered high risk.
Moderate: 25-44	
High: 45-100	

**Patient's Plan of Care and Education:**

An individualized fall prevention plan of care shall be implemented and documented in the EMR based on the assessment score and individual patient risks. Education should also be provided to patient and family and documented in the EMR.

**Goal is to prevent patient falls and fall related injuries.**

The "Call Don't Fall" poster should be posted in each patient room at eye level as a reminder to the patient and family.

Visual Cues for patients identified as **moderate** or **high** fall risk will be used throughout the patient care areas.



**Moderate Fall Risk**



**High Fall Risk**



Fall Risk arm bands should be applied to all patients at **moderate** or **high** risk.



When appropriate, use available tools to help minimize patient falls.

**No Pass Zone**

- ✓ No Pass Zone means all staff can respond to call light activations.
- ✓ All staff are capable of responding to patient's needs or concerns, so they are addressed as quickly as possible.
- ✓ By responding, you help to reassure the patient and their family that their needs and concerns are important to us.

### Best Practice Interventions

- Orientation to unit/room.
- Call bells within reach and patient/family have been educated on its functionality. Encourage use for assistance when getting out of bed.
- "Call Don't Fall" visual cues in room and bathroom.
- Encourage the use of safe footwear (if applicable to patient).
- Hourly rounding (or more frequent and as needed to be individualized to patient) using 5 Ps (Potty, Pain Assessment, Placements, Positioning and Pumps).
- Ensure glasses are available and within reach (if applicable to patient).
- Brakes secured on recliner (when in use).
- Bed in low position (brakes on).
- Ensure the environment is clear of unused equipment and clutter, furniture is in place, and clear of hazards.
- Assess for adequate lighting and leave nightlights on (when applicable).
- Use of appropriate size clothing to prevent risk of tripping.
- Fall Prevention Partnership Agreement (as applicable to unit).
- Daily exercise or ambulation to maintain strength and reduce debilitation risk (as applicable).
- If patient uses a wheelchair, brakes are secured when not in use.



Patient Education handouts can be found on Elsevier through the UTMB Health intranet.

The IHOP policy – 09.13.39 Patient Falls Prevention Plan, can be found on the Policies and Procedures page from the iUTMB homepage.

For additional information about the Patient Falls Prevention Plan you may contact a member of the Fall Prevention Committee or the facilitator, Juanita Norton at 409-772-8396

Unit staff are required to sign below to attest they have read and understand the information in this Express In-service. Please turn completed roster into your Nurse Manager.

Thank you!

**Name:**

**Date:**

**Employee#:**

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