



Fall TIPS Toolkit Patient Education Handout and Plan of Care

Figures 4 – 5: Fall Prevention Patient Education Handout. Provides patients/family member access to same information related to patient-specific areas of risk and planned interventions to prevent falls (also available in Spanish).

Fall Prevention Plan. Clinician access to patient-specific areas of risk and planned interventions to prevent falls. Printed with other FTTK outputs in hospitals where a paper plan of care is used. Interventions populate the electronic plan of care in hospitals where an electronic plan of care is in place.



USE THE CALL BUTTON
CALL DON'T FALL!



MASSACHUSETTS
GENERAL HOSPITAL

Fall Prevention Information


As part of the admission process, your nurse has assessed your risk for falling while you are in the hospital. You have been evaluated to be at risk for falling.

John Doe, why are you at risk for falling?


- You are in an unfamiliar environment.
- Your medications may make you dizzy, unsteady or cause you to urinate frequently.
- You have an IV which may cause frequent urination. Also, the pole may trip you while walking.
- You have fallen before and may fall again.
- You are unsteady on your feet.
- You are not feeling well.
- You are weak.

How can we work together to prevent you from falling while you are in the hospital?


- We will assist you out of bed as soon as you are able.
- Wear nonskid foot wear.
- Tell your nurse about recent falls.
- Use your walker.
- Call for help to get out of bed.
- Ask for help with toileting.
- Ask for help to move IV pole.
- The bed alarm is on to remind you and your nurse that you need help to get out of bed.




History of falls




Frequent urination



Walker



Nonskid shoes



Bed Alarm On

Ask your nurse for more information on Fall Prevention or visit:
<http://www.partners.org/cird/FallsPrevention/FallsInfo.htm>







Falls T.I.R.S.
TASKING INTERVENTIONS FOR PATIENT SAFETY

Falls Prevention Plan of Care
Problem: *****Patient is at risk for falls*****

Patient Name: John Doe MRN: 000.00.0000 Location: 14D-73 1

BRIGHT AND WOMEN'S HOSPITAL

Printed: September 02, 2008

<input type="checkbox"/> Patient has a history of falls	<input type="checkbox"/> Document circumstances of previous falls	
Secondary Diagnosis	<input checked="" type="checkbox"/> Review Medication List <input checked="" type="checkbox"/> Consult with Pharmacy/MD <input checked="" type="checkbox"/> Implement toileting schedule using BEDPAN	
Patient uses ambulatory aid	<input checked="" type="checkbox"/> Place WALKER at bedside	
IV Therapy/IV Lock	<input checked="" type="checkbox"/> Safety Precautions <input checked="" type="checkbox"/> Assist with IV when transferring/walking	
Patient's gait is WPAK	<input checked="" type="checkbox"/> Patient needs AssistX1	
Patient overestimates ability; forgets limitations	<input checked="" type="checkbox"/> Bed alarm turned on <input checked="" type="checkbox"/> Move pt. close to nurse station <input checked="" type="checkbox"/> Freq. Checks, re-orientation, distractions	

Total Morse Fall Score: 100

Sign: Rita C. Dykes

Resolved Date: _____

Falls TIPS Research Study Plan of Care Documentation Form October 1, 2006-June 30, 2009.
Please return as part of permanent record.