



Resident-Centered Fall Management

Assessment

- Assess Resident Risk for Falls on Admission, Readmission, Change in Condition, and After a Fall Event

Resident and Family Education

- Provide Resident and Family Fall Management Education on Admission, with Change in Condition, and at Care Conferences. Fall Management Education can also be Provided during Resident and Family Council Meetings.

Interventions

- Develop Interventions that are Specific to the Resident's Intrinsic and Extrinsic Risk Factors
- Involve Family Members in Interventions (as appropriate)
- Review and Update Interventions (as needed) with Change in Condition and After a Fall Event.
- Communicate New Interventions During Shift Report

Resident-Centered Care Plan

- Update the Resident-Centered Care Plan with Change in Condition and After a Fall
- Communicate Resident Safety Status During Shift Report (e.g., Change in Ambulation, Gait Fatigue)
- Communicate Resident Safety Status During Hand-Offs with Other Departments

SAMPLE DOCUMENT ONLY

Purposeful Rounding

- Conduct Hourly Purposeful Rounding to Support Resident Safety:
 - Pain
 - Positioning
 - Personal Needs (Bathroom, Hunger, Thirst)
 - Periphery (Personal Items in Reach – Call Light, Phone, Glasses)
 - Prompts (Safety Reminders)
 - Pick-Up (e.g., Cords, Spills)

Source – Agency for HealthCare Research and Quality. Fall Prevention Tool Kit.

Documentation

- Complete Clinically Pertinent Documentation After a Fall Event (e.g., Documentation Every Shift for 72-Hours After a Fall)
 - Document Resident and Family Education
 - Document Intervention Effectiveness and Resident Response
 - Document Changes in Ambulation Status
 - Document Physician Communication

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