

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)
POLICY AND PROCEDURE

SUBJECT: FALL PREVENTION AND REDUCTION PROGRAM

NUMBER: NN-PC-SF-06

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ORIGINAL DATE: 10/28/04

REVIEW/REVISE DATE: 03/02/06, 08/07/08, 9/17/09, 10/18/12

APPROVAL: Cody L. Phinney, Agency Director

I. PURPOSE

To reduce the occurrence of falls and the risk of consumer harm resulting from falls.

II. POLICY

NNAMHS will evaluate the consumer's risk for falls and take action to reduce the risk of falling and the risk of injury.

III. PROCEDURE

1. The Inpatient Fall Assessment Tool MR 269 will be completed on all POU and inpatient admissions to POU or Inpatient.
2. When a consumer is identified as a fall risk the following will be initiated:
 - a. The Fall Risk Alert is activated in the electronic medical record (EMR). This alert is to remain in the consumers EMR indefinitely.
 - b. Fall Risk is identified on the consumer Kardex, on Intershift

Report forms, and on the every 15 minute consumer monitoring document.

c. The consumer is monitored every 15 minutes while hospitalized. This is documented on the High Risk Precautions Observation/Documentation Record MR 113

d. Interventions identified on the Inpatient Fall Assessment Tool are initiated:

1. Consumer under supervision
2. Orientation to environment
3. Appropriate footwear
4. Consumer/family education on fall protection strategies
5. Clear pathways
6. Appropriate lighting
7. Supportive equipment as ordered

3. When any consumer falls during hospitalization, the following actions will be taken:

- a. The Inpatient Fall Assessment Tool MR 269 is used to reassess their fall risk potential
- b. Complete an incident report with the following information:
 1. Date/time of fall
 2. Consumer's description of fall
 3. Family/guardian notification
 4. Vital signs including orthostatic pulse and blood pressure
 5. Current medications
 6. Assessment of injury (none, minor, major)
 7. Other factors
 8. Environment

- c. Complete a detailed progress note including the results of the post-fall assessment.
- d. Refer the consumer for further evaluation by physician to ensure other serious injuries have not occurred.
- e. Refer to the interdisciplinary treatment team to review fall prevention interventions and modify treatment plan as appropriate.
- f. Communicate to all shifts that the consumer has fallen and is at risk falling again.
- g. All fall risk interventions upon re-assessment will be initiated.