

**Institution Name:** : Directorate General of Specialized Medical Care, MOH**Document Title:** Hospital Fall Prevention Procedure**Approval Process**

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Acronyms:



Hospital Fall Prevention Procedure

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MOH	Ministry of Health
RN	Register Nurse



Hospital Fall Prevention Procedure

1. Introduction

Falls are a public health problem worldwide. Hospitalization increases fall risk due to the unfamiliar environment, illnesses, and treatments. Patient falls and fall-related injuries are devastating not only to patients but also to clinicians, and the health care system. A single fall may result in a fear of falling and begin a downward spiral of reduced mobility, leading to loss of function and greater risk of falls. Older adults are more likely to be injured from a fall. Beside that injurious falls increase hospital costs and lengths of stay.

2. Scope

This procedure applies to all health care providers working in all health institution in the country.

3. Purpose

- 3.1 The intention of this procedure is to raise awareness and educate physiotherapy staff and the multidisciplinary team of the importance of maintaining a safe environment for all inpatients.
- 3.2 Assist with identifying patients who are high risk of fall
- 3.3 Provide the tools to educate families and carers of the potential risk of falls and outline strategies to develop individualized management plans of care to reduce risk for high risk patients
- 3.4 Determine ongoing need for fall prevention precautions.

4. Definitions

Fall is defined as an event in which there is uncontrolled, non-purposeful downward displacement of a person's body from a standing, sitting, or lying position.

5. Procedure

5.1 Fall Risk Assessment

- 5.1.1 All adult inpatients will be assessed within 24 hours of admission to the hospital and every shift whenever there is a significant change in the patient's condition.



- 5.1.2 Fall risk assessment form will be completed by an RN. The RN is responsible for establishing and updating the individual plan of care related to safety and fall prevention.
- 5.1.3 All interventions will be documented in the medical record.
- 5.1.4 Family, if available, will be consulted for individualizing fall prevention interventions.

5.2 Interventions/ Strategies to Reduce Risks for Fall

The interdisciplinary team will:

- 5.2.1 Familiarize the new patient with the surroundings on admission especially the location for the bathroom/washroom.
- 5.2.2 Assign the patient to a bed that enables the patient to exit towards his/her stronger side whenever possible.
- 5.2.3 Provide education on the following:
 - 5.2.3.1 Teach patient proper ambulation and use of assistive devices.
 - 5.2.3.2 Teach patient to sit on the edge of the bed for several minutes before rising.
 - 5.2.3.3 Instruct patient and family members regarding appropriate footwear such as the use of non-skid footwear.
 - 5.2.3.4 Instruct the patient to request assistance with ambulation.
 - 5.2.3.5 Repeat instructions to call for help on each shift.

6. Responsibilities

6.1 Physiotherapist is responsible for

- 6.1.1 General assessment, which will be continuous throughout the patients' stay. The assessment should include: balance, gait, range of movement, and strength and functional ability during positioning, transfers, standing, walking and use of mobility aids.
- 6.1.2 Assessment of cognitive function where appropriate.
- 6.1.3 Gait re-education, assessment of the need for a walking aid.



6.1.4 Advising on suitable foot wear.

6.1.5 Advice to other members of the multi-disciplinary team on the best methods of patient movement and mobility.

6.2 Occupational therapist is responsible for:

6.2.1 Safe setup of the ward bedroom, bathroom and toilet to minimize falls risks and recommend management techniques/assistive equipment for self-care tasks.

6.3 Nursing staff is responsible for:

6.3.1 Completes a fall-risk assessment on admission

6.3.2 Completes fall-risk assessments on transfers, following a change in status, and following a fall.

6.3.3 Ensures procedures for high fall-risk patients are in use.

6.3.4 Provides education to patients and their family members about falls prevention strategies.

6.4 Pharmacist

6.4.1 Identify high risk groups for drug- related falls (Appendix 1 & 2)

6.4.2 Review the medications which are taken by the patients

6.4.3 Coordinate with clinicians to formulate the patient's medication action plan.

6.4.4 Educate the patients and family, particularly elderly patients, on how to minimize the risk of falls.



7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Jokha Salim Al-Abrawi	October/ 2023
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8. Related Documents

There is no related document for this procedure



9. References

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Development of an evidence-based fall prevention program. Journal of nursing care Quality	Cooper, C L & Nolt, J. D.	2007	22(2), 107-112
Predicting and Preventing Falls in the Hospital, Science of Caring, University of Science California San Francisco.	Austin, D	2017	
Interventions for preventing fall in older people in care facilities and hospitals.	Cameron ID1, Gillespie LD, Robertsons and. MC, Murray	December 2012	



Appendix 1: High risk factor groups of drug- related falls

High risk factor groups of drug- related falls
Patients who are taking ≥ 1 medication of fall-risk increasing drugs
Elderly patients.
Patients who are taking ≥ 4 medications (polypharmacy).
Patients with severe renal and hepatic impairments (affect drug pharmacokinetic properties).

**Appendix 2:** High risk groups for drug- related falls

Pharmacological groups	Medication groups
Central nervous system agents	Opioids Hypnotics and sedatives Anxiolytics Antidepressants Antipsychotics (not lithium) Anti-Alzheimer's agents Anticonvulsants Cough preparations
Medications affect blood pressure (BP)	Diuretics Beta blockers Alpha blockers Angiotensin converting enzyme inhibitors Renin angiotensin inhibitors Calcium channel blockers Vasodilators Dopaminergic agents Antiplatelet agents Non-steroidal anti-inflammatory drugs
Medications affect blood glucose levels	Insulins Sulfonylureas Alpha glucosidase inhibitors Dipeptidyl peptidase 4 inhibitors Lucagon-like peptide-1 receptor agonist. Sodium-glucose Cotransporter-2 (SGLT2) Inhibitors. Meglitinides.
Others	Antiglaucoma ophthalmic preparations Nasal preparations Neurotoxic chemotherapeutic agents