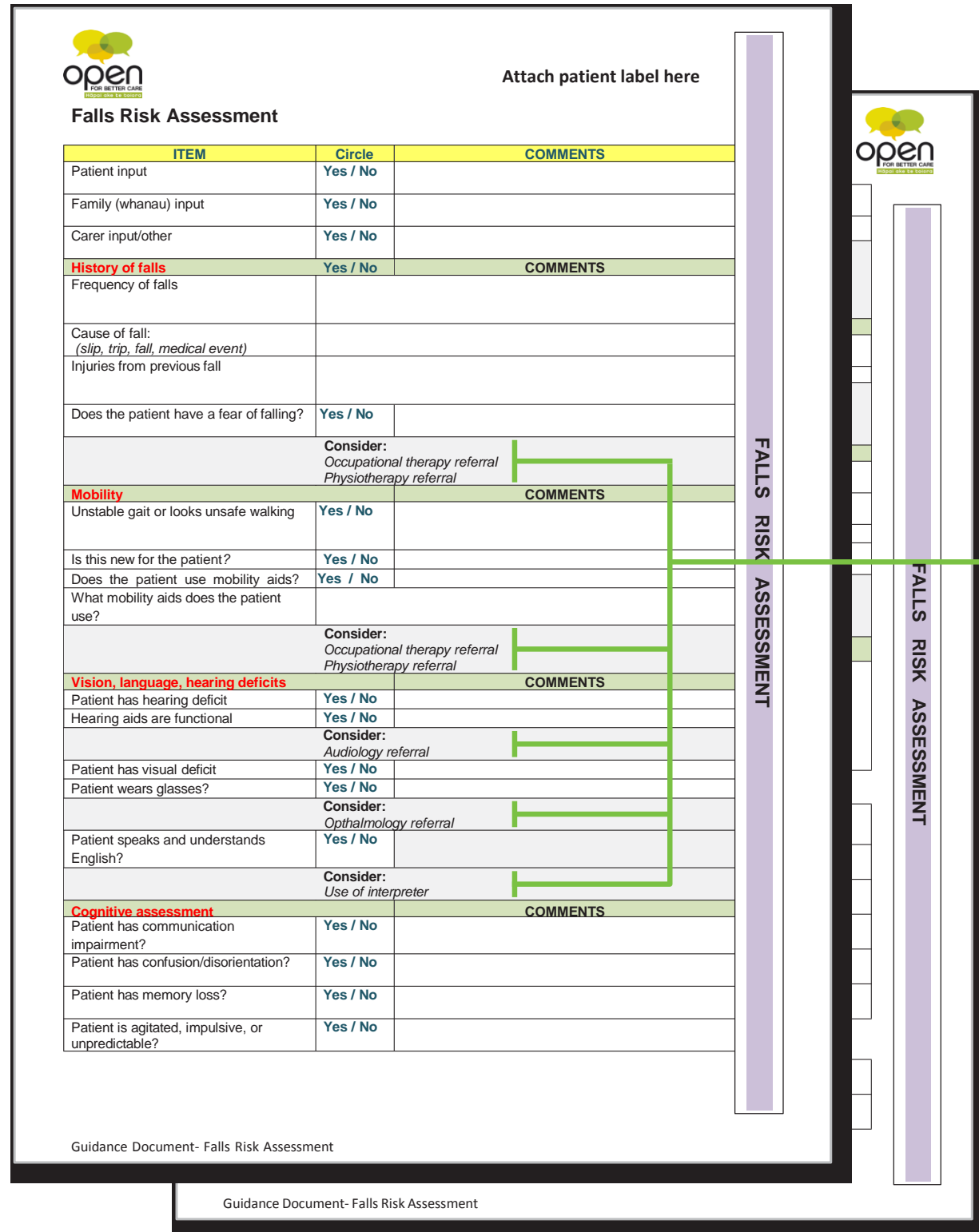


INTRODUCING THE WDHB FALLS PREVENTION CARE PLAN

TREND CARE FALLS RISK ASSESSMENT ONLINE FORM



Attach patient label here

Falls Risk Assessment

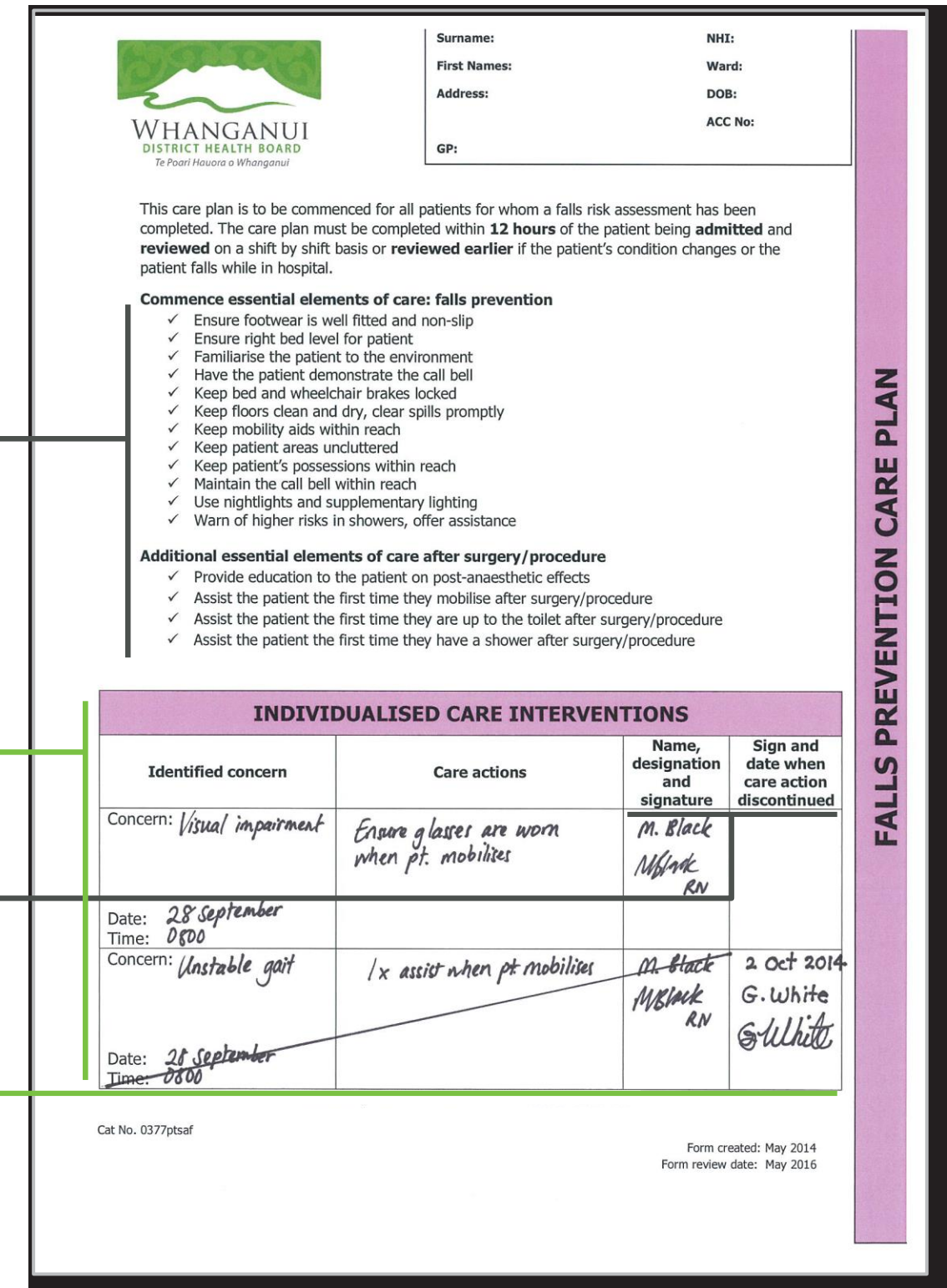
ITEM	Circle Yes / No	COMMENTS
Patient input	Yes / No	
Family (whanau) input	Yes / No	
Carer input/other	Yes / No	
History of falls	Yes / No	COMMENTS
Frequency of falls		
Cause of fall: (slip, trip, fall, medical event)		
Injuries from previous fall		
Does the patient have a fear of falling?	Yes / No	
	Consider: Occupational therapy referral Physiotherapy referral	
Mobility	Yes / No	COMMENTS
Unstable gait or looks unsafe walking	Yes / No	
Is this new for the patient?	Yes / No	
Does the patient use mobility aids?	Yes / No	
What mobility aids does the patient use?		
	Consider: Occupational therapy referral Physiotherapy referral	
Vision, language, hearing deficits	Yes / No	COMMENTS
Patient has hearing deficit	Yes / No	
Hearing aids are functional	Yes / No	
	Consider: Audiology referral	
Patient has visual deficit	Yes / No	
Patient wears glasses?	Yes / No	
	Consider: Ophthalmology referral	
Patient speaks and understands English?	Yes / No	
	Consider: Use of interpreter	
Cognitive assessment	Yes / No	COMMENTS
Patient has communication impairment?	Yes / No	
Patient has confusion/disorientation?	Yes / No	
Patient has memory loss?	Yes / No	
Patient is agitated, impulsive, or unpredictable?	Yes / No	

Guidance Document- Falls Risk Assessment

NEW WDHB FALLS PREVENTION CARE PLANS:

- Must be completed for all patients who have been assessed as at risk of falling.
- Must be completed within 12 hours of admission and reviewed on a shift by shift basis or earlier if your patient's condition changes or they fall.
- The essential elements of care are already inserted on the care plan.
- The falls risk assessment provides prompts for individualising care.
- Consider any special falls risks your patient presents with and write how these are to be managed in the care plan.
- The 'identified concern and care action' section requires signature on commencement and discontinuation.
- Sign, date and rule a line through a care action when it is discontinued.

WDHB FALLS PREVENTION CARE PLAN FORM



WHANGANUI DISTRICT HEALTH BOARD
Te Paari Hauora o Whanganui

Surname: _____ NHI: _____
First Names: _____ Ward: _____
Address: _____ DOB: _____
GP: _____ ACC No: _____

This care plan is to be commenced for all patients for whom a falls risk assessment has been completed. The care plan must be completed within **12 hours** of the patient being **admitted** and **reviewed** on a shift by shift basis or **reviewed earlier** if the patient's condition changes or the patient falls while in hospital.

Commence essential elements of care: falls prevention

- Ensure footwear is well fitted and non-slip
- Ensure right bed level for patient
- Familiarise the patient to the environment
- Have the patient demonstrate the call bell
- Keep bed and wheelchair brakes locked
- Keep floors clean and dry, clear spills promptly
- Keep mobility aids within reach
- Keep patient areas uncluttered
- Keep patient's possessions within reach
- Maintain the call bell within reach
- Use nightlights and supplementary lighting
- Warn of higher risks in showers, offer assistance

Additional essential elements of care after surgery/procedure

- Provide education to the patient on post-anaesthetic effects
- Assist the patient the first time they mobilise after surgery/procedure
- Assist the patient the first time they are up to the toilet after surgery/procedure
- Assist the patient the first time they have a shower after surgery/procedure

INDIVIDUALISED CARE INTERVENTIONS

Identified concern	Care actions	Name, designation and signature	Sign and date when care action discontinued
Concern: <i>Visual impairment</i>	<i>Ensure glasses are worn when pt. mobilises</i>	<i>M. Black RN</i>	
Date: <i>28 September</i> Time: <i>0800</i>			
Concern: <i>Unstable gait</i>	<i>1x assist when pt mobilises</i>	<i>M. Black RN</i>	<i>2 Oct 2014 G. White</i>
Date: <i>28 September</i> Time: <i>0800</i>			<i>G. White</i>

Cat No. 0377ptsaf
Form created: May 2014
Form review date: May 2016

FALLS PREVENTION CARE PLAN

The WDHB would like to acknowledge that this chart has been adapted from a design conceived by WDHB registered nurse Alida VandenBroek