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Attach patient label here

## Falls individualised care plan

This care plan is to be commenced for **all patients** for whom a falls risk assessment has been completed **and a risk identified**.

The care plan must be completed within [**X**] hours [*in line with local policy*] of the patient being **admitted** and **reviewed** each shift, **or reviewed earlier** if the patient's condition changes **or** the patient becomes more unsteady on their feet **or** falls.

Plan an individual action for each risk factor identified.

### Commence essential elements of a safe environment: falls prevention

- ✓ Familiarise the patient to the environment
- ✓ Have the patient demonstrate the call bell
- ✓ Maintain the call bell within reach
- ✓ Keep patient's possessions within reach
- ✓ Ensure the bed level is right for the patient when the patient is resting
- ✓ Ensure footwear is well fitted and non-slip
- ✓ Raise the bed for transferring
- ✓ Keep bed and wheelchair brakes locked
- ✓ Keep floor clean and dry; clear spills promptly
- ✓ Use night lights and supplemental lighting
- ✓ Keep patient areas uncluttered
- ✓ Keep mobility aids within reach
- ✓ Warn the patient that the risk of falling in the shower is high and 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

Identified concern/risk factor	Plan	Name, designation, signature	Sign & date when care action discontinued
Date: Time:			
Date: Time:			



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Date: Time:			
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Date: Time:			

Comments: