

ID Sticker:
Name:
NHS Number:

Individualised Falls Management Plan

Date initial assessment completed:	Ward/Unit:
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The Falls Management Plan is aimed at reducing the likelihood of fall whilst maintaining patient dignity and independence. It must be completed for all patients who are identified as “at risk” of falls or who experience a fall whilst in our care. Falls risks are determined in the “maintaining a safe environment” section of admission documentation.

	Yes	No
Does the patient have suspected or confirmed blackouts, unexplained falls, vertigo or dizziness? (If yes refer to medical staff for Focused Medical Assessment).		

Indicate the risk identified and action needed/taken against any factors that are applicable, otherwise indicate N/A (not applicable).

Management plan is to be completed by all disciplines and as action is taken recorded in on-going notes with reference to management plan.

Discuss management plan and any updates at handover/safety huddles.

Please ensure patients name is on every page (use adhesive labels).

Areas for Consideration:	Risks identified/actions needed/taken: Evidence	Print name, Signature, designation, date
Falls History		
<ul style="list-style-type: none"> Record of details of most recent fall. Ask / consider patients fear of falling and consider impact of this on function <input type="checkbox"/> Ask frequency of falls over last 6 months (include near misses) and document. Note any similarities of falls, eg cause, time of day, activity at time, feeling unwell, dizzy, balance, etc. Issue with fall prevention / information booklet and discuss risks. <input type="checkbox"/> 		
Environment		
<ul style="list-style-type: none"> Consider bed allocation and wherever possible allocate in area of best observation or close to toilet as required. Ensure bed exit is the same as at home <input type="checkbox"/> Risk assess need for bed rails. <input type="checkbox"/> Ensure bed at lowest height wherever there is a risk of falling from bed. Consider impact on mobility and independence. <input type="checkbox"/> Explain call bell (or alternative) and ensure it is in easy reach at all times. <input type="checkbox"/> Ensure walking aid is identifiable, within reach and walking area is uncluttered. <input type="checkbox"/> Ensure any required possessions/drinks are within reach. <input type="checkbox"/> 		

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<ul style="list-style-type: none"> Identify any slip/trip hazards eg IV lines, O2 tubing and make safe. Consider lighting. <input type="checkbox"/> Consider need for falls monitors. <input type="checkbox"/> Issue if indicated <input type="checkbox"/> 		
Medication/Medical Issues		
<ul style="list-style-type: none"> Complete medication review paying attention to any associated with falls, noting outcome/changes required. <input type="checkbox"/> Check bone protection has been considered/prescribed if patient is at increased risk of fracture. <input type="checkbox"/> Ensure appropriate level of pain control. <input type="checkbox"/> Consider reversible medical causes. <input type="checkbox"/> Check lying and standing blood pressure and record according to clinical need or on 3 consecutive days. Please refer to appendix 1 of the falls prevention and management policy RCP guidelines. Indicate if unable to complete due to patient condition. <input type="checkbox"/> Bring any postural drop to attention of pharmacy/medical staff and explain effects to patient. <input type="checkbox"/> Consider possibility of malnourishment – complete a nutrition score and refer to dietitian if indicated. <input type="checkbox"/> Consider dehydration – treat accordingly. <input type="checkbox"/> Monitor adequate fluid intake – aim for at least 1.5 litres per 24 hours. <input type="checkbox"/> 		
Sensory		
<ul style="list-style-type: none"> Conduct simple eye test (wearing glasses if worn) e.g. can patient identify pen/key from end of bed?<input type="checkbox"/> Consider use of “ look out vision assessment tool (Appendix 3) Ensure clean glasses are available and worn.<input type="checkbox"/> Consider how eye conditions affect part of the visual field e.g. glaucoma, macular degeneration, and cataracts.<input type="checkbox"/> 		
Contenance		
<ul style="list-style-type: none"> Dipstick urine to determine possibility of UTI and collect MSU if indicated. <input type="checkbox"/> Ensure appropriate prompt treatment of UTI detected. <input type="checkbox"/> Assess normal toileting frequency and offer sufficient regular toilet visits. <input type="checkbox"/> Is there a new continence problem? Yes <input type="checkbox"/> / No <input type="checkbox"/> 		

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<ul style="list-style-type: none"> Is there urgency of micturition? Yes <input type="checkbox"/> / No <input type="checkbox"/> Consider need for full continence assessment and individualised continence plan. Is there any nocturia? Yes <input type="checkbox"/> / No <input type="checkbox"/> Ensure patient aware of toilet location. <input type="checkbox"/> 		
Memory/Comprehension		
<ul style="list-style-type: none"> Are there any short term memory/comprehension difficulties which may affect ability to follow the advice given? Yes <input type="checkbox"/> / No <input type="checkbox"/> Check with family/carers if there is any change from the norm. <input type="checkbox"/> Consider need to assess for delirium. <input type="checkbox"/> Is there any aphasia/dysphasia (difficulty communicating/understanding verbally or written including language barriers)? Yes <input type="checkbox"/> / No <input type="checkbox"/> Provide information in first language where available. <input type="checkbox"/> OT to consider cognitive assessment if appropriate. <input type="checkbox"/> Identify any copying strategies eg care line, long lie. <input type="checkbox"/> Consider confidence levels after a fall. All staff to encourage safe mobility and reassure patient. <input type="checkbox"/> Evidence of non-concordance. <input type="checkbox"/> Escalate to appropriate specialist in line with Trust Non-Concordance Policy. 		
Mobility/Physical		
<ul style="list-style-type: none"> Ensure all staff aware of moving and handling needs. <input type="checkbox"/> Encourage patient to sit out of bed as soon as medically fit. <input type="checkbox"/> Physio to complete gait and balance assessment and communicate equipment and level of assistance needed to wider team ASAP. <input type="checkbox"/> OT to assess ADL and communicate any functional problems to wider team ASAP. <input type="checkbox"/> Ask relatives to supply secure, non-slip, well-fitting footwear (provide slippers/double sided slipper socks from stock if own footwear is not available). <input type="checkbox"/> Consider possibility of peripheral neuropathy affecting mobility and balance and assess general foot health – refer to podiatry if necessary. <input type="checkbox"/> 		

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<ul style="list-style-type: none"> Ensure all necessary plans are in place for discharge to home environment. <input type="checkbox"/> 		

Fall Record – when did fall occur? (if more than 3 falls document additional falls in ongoing notes)

	Fall 1	Fall 2	Fall 3
Date:			
Time:			
Sign:			

Interventions after a Fall	Fall 1 Date/Time/Sign	Fall 2 Date/Time/Sign	Fall 3 Date/Time/Sign
1. Check patient for any injury.			
2. Perform observations – temperature, pulse, respiration and blood pressure (EWS) (Lying and standing BP if able).			
3. If head was knocked OR the fall was unwitnessed Start Neuro obs, follow guidelines for the assessment of any head injury. Get medical review.			
4. Use an appropriate post fall manual handling. eg ask patient to stand themselves or use a hoist/hover jack to help patient from floor.			
5. Inform carers and/or relatives before the end of shift, unless injury is more serious, eg head injury, or fracture when they should be contacted immediately and Duty of Candour completed.			
6. Record incident details in patient’s notes as soon after the event as possible, include why you think the patient fell. Ensure time is recorded.			

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7. Complete on line incident form giving all available information and commence / complete RCA if moderate harm or above sustained and submit to panel.			
8. Maintain Review and Update plan of care. If the patient has had more than one fall, other measures must be taken into consideration such as one to one care.			
ADDITIONAL COMMENTS/SUMMARY FOR EACH INCIDENT: eg patient's opinion of why fell.			