

Guidelines for Preventing Inpatient Falls

住院病人預防跌倒護理指導



Attention! The Top Three Common Falls among Hospital Inpatients.

衷心提醒，住院中病人跌倒三最：

1. The Most Frequently Factors for Fall Accidents: Slippery falls occur in the lavatories.
1. 最常發生跌倒的活動：上洗手間或從洗手間返回病床時
2. The Most Frequently Locations for Fall Accidents: Beside the Bed Wards, Bathrooms, Lavatories, Corridors.
2. 最常發生跌倒的地點：房間內床旁、廁廁、走道
3. The Most Frequently Time for Fall Accidents: Midnight, When you wake up in the early morning.
3. 最常發生時間：半夜或清晨起床時

3 Please follow the 10 tips to avoid falls for your own safety.

為了您或您家人住院的安全及舒適，請配合以下十點防跌措施。



1. Please sit on the bed for around 3-5 minutes when you feel dizzy or have unsteady blood pressure. Let your relatives assist you out of the bed after you feel better.

1. 您當感到頭暈或血壓不穩時，請先坐在床緣3~5分，再由家屬扶下來。



2. Please press the bell to notify nurses when you need help but there are no relatives stay with you then.

2. 當您需要協助且無家屬在旁時，請按叫人鈴通知護理人員。



3. Please do not leap out from the railing of the bed.
3. 床欄拉起時，勿翻越。



4. When the patient becomes restless and unconscious, relatives should accompany the patient all the time. Please make sure the bed railing is pulled up. Nurses will have some physical restraint to the patient if necessary.

4. 當病人躁動不安、意識不清時，家屬必在旁陪伴，並將床欄拉起，必要時會予以約束。



5. Please pull the alarm bell to notify nurses when there is an emergency in the lavatory.
5. 如廁發生緊急事故，請拉緊急鈴，通知護理人員。



6. Please wear the loose fitting clothes to the hospital.
6. 請穿合適衣褲。



7. Please wear skid proof shoes and do not walk barefoot.
7. 請穿防滑鞋，勿打赤腳。



8. Please inform nurses immediately when the floor gets wet.
8. 地面弄濕，請告知護理人員處理，防跌倒。



9. Please keep the illumination of your wards and keep the bedside light every day.

9. 病房盡量保持明亮，夜間請留床頭燈。



10. Please do not put your personal stuff in any corridors of your wards.
10. 病房內走道勿擺放物品。

祝您早日康復

屏東基督教醫院

Single sign-linking health education衛教單張簽收聯

I fully understand [inpatient fall prevention] of guidance content

我已充分瞭解【住院病人預防跌倒】之指導內容

病人/家屬簽名Patient / family signature: _____

護理人員簽章Nurses signature: _____

中華民國_____年_____月_____日

Date _____