

Evidence-based practice for patient fall influencing factors

- Most falls (77%) happen because patient did not seek assistance moving in bed, walking to bathroom, or getting up from chairs. The top 75% of all fall factors are intrinsic, ie associated with a person, and include age, opioid intake, and a high fall assessment scores. The other 25% are extrinsic factors associated with an unsafe environment including slippery floors, faulty alarms, and so on. Nurses need to know a patient's fall history as it is the #1 indicator if a patient is going to fall. If possible, high risk fall patients should even wear a certain color wrist band.
- When thinking about a patient's fall potential, reflect on any sensory impairment, current medications, presence of gait and balance disorders, and their aging profile. Communicating with patients on the 4 P's (pain, potty, position, and possessions) builds rapport and can lay the framework for patients to build patience and ask for help when moving.
- Patients rely on nurse availability and communication. A nurse's communication approach, both written and verbal, helps patients express their concerns and learn it is "ok" to disrupt nurses work when they really need assistance.
- A supporting team environment is built by nurses performing hourly rounding, reviewing medications, and providing patients with written communication on reminders and goals. Evidence based research supports making use of room white boards to both positively motivate patients and remind those with altered mental states to ring the bell or call for help.
- When a fall happens make no assumptions and rely upon the patient's doctor, peers, and manager to assess any diagnostics necessary to ensure all potential external and internal injuries are identified.