

Addressograph

## Acute and Emergency Medical Directorate Falls Care Plan

**Under normal circumstances EU trolley rails should be used at all times**

### IS THE PATIENT AT RISK OF FALLS?

Example:

Underlying medical causes, on medications that lower BP or cause dizziness, unwell, history of falls, risk of seizures, hypotensive, cognitively impaired, disorientated, confused, sensory deficits, intoxicated, substance misuse

YES

If appropriate request a high priority bed in view of clinical risk

TICK

☐

Nursed in easily observed area

☐

Ensure patients possessions and call bell within reach

☐

Trolley/bed kept at lowest level whilst patient unattended

☐

Is the patient agitated/confused and likely to try and get out of bed, climb

☐

NO

Monitor and re-assess if patients condition or environment changes

**If patient falls complete post fall form**

☐

- Provide 1:1 supervision or ensure relative/carer in attendance (refer to specialising guideline) TICK ☐
- Consider nursing patient in a chair ☐
- Request ultra low bed from Medstrom (0844 811 3676) ☐
- Consider manual handling issues if placing mattress on the floor ☐
- Escalate request for ward bed ☐
- Consider Nursing booklet B ☐
- Inform NIC ☐

Sign : .....

Date : .....

Time: .....

Any actions or referrals required should be documented on the adjacent page.