

FALL REDUCTION STRATEGIES

This list is not all-inclusive. Strategies must be individualized to each resident.

R/O acute illness/infection	Offer food and fluids during the middle of the nite.
Urine dipstick test	Maintain pathway free of obstruction
Assess bowel (bowel sounds, distention, tenderness, last BM)	Rearrange environment to remove barriers
Blood glucose monitoring	Observe use of furniture with wheels, remove if used for support
Ortho B/P Checks	Use wheelchair for transportation only
R/O pain issues	Anti-tipping device on wheelchair
Schedule pain medication	Place riser on toilet
Review medications, side effects, drug interactions	Commode without wheels at bedside
Pharmacy Consult	Bedpan/urinal with in easy reach
Request medication/dose reduction	Anti-slip fabric in seat of chair
Evaluate effect of medication changes	Identify the reason the resident is getting up
PT Screening/Consult	Body pillows
OT Screening/Consult	Visual checks at specified time intervals
Walk/exercise schedule	Enlist family assistance
Inspect assistive device	1:1 with resident
Inspect vision appliance	Monitor closely during acute illness
Bowel and bladder assessment	Monitor closely post fall period
Implement individualized toileting schedule	Provide rest areas in areas of ambulation
Review and revise toileting schedule	Non-slip strips on floor
Toilet immediately when assisted to room after meals	Mat at bedside
Engaging, meaningful activity	Low bed
Take resident on a walk	Signs on walls as reminders for residents who are intermittently confused
Assist to regular chair or bed when in room	Call light within reach. Select appropriate device for calling.
Offer food and fluids. Be aware of time and cues that the resident is hungry.	Appropriate non-slip footwear