The Importance of Fall Risk Assessment - It is an Ongoing Process

Second of a Series on Fall Risk Assessment...

Healthcare and the patient’s within the system are constantly changing. Therefore, the initial fall risk assessment performed by staff is just the beginning. Ongoing fall risk evaluations are essential for staff to prevent patient falls. Patients many times change in their fall risk classification after admission; therefore, reassessment of fall risk should be ongoing especially when the following conditions are met.

A change in a patient’s condition: Any change in the patient’s condition could result in a change in their fall risk. For example, if the patient becomes weak or confused, their fall risk may increase. Also, vertigo can lead to fall risk potential. These patients would need to be continually assessed for fall risk conditions.

Any addition or change in medication: Some medications or combination of medications may place some patients at risk for falls; therefore, staff should closely monitor the patient’s medications. In some cases, pharmacists can evaluate patient medications for fall risks factors and suggest alternatives or fall prevention strategies.

High risk patients need daily assessments: High risk patients may change significantly each day; therefore, their fall risk could change as well. Staying ahead of these changes by performing daily assessments can assist staff in implementing appropriate fall risk interventions.

Immediately after a fall: It is essential to implement a fall risk assessment immediately following a patient fall. The purpose is to identify the circumstances leading to the fall, identify any new risk factors, and implement appropriate interventions to prevent future falls.

The eight issues to pay close attention to in order to prevent patient falls include:

- **Medications** - Especially when new or as-needed medications are added, look for side effects that could lead to increased fall risk. May need to implement the rule that staff should be with the patient for all transfers.
- **Poor vision** - Ensure that areas are well lit. Staff should identify and monitor patients who wear glasses. May need to consider that patients with poor vision should always have a staff member with them for transfers.
- **Sudden mental status changes** - Any subtle changes in the patient’s behavior may need a closer assessment.
- **Improper shoe fit or untied shoes** - This should be monitored with each shift.
- **Spills on the floor** - Any spills should be immediately cleaned.
- **Too much furniture** - Make sure to rearrange furniture so that walking areas are not blocked.
- **Uneven terrain** - Staff should monitor patients when walking on uneven surfaces and when possible prevent them from walking on these surfaces.
- **Poor hydration** - Ensure patients are offered water or juice every two hours.

Fall risk assessments are an ongoing process. The staff’s job is never complete when it involves preventing patient falls.

References: www.jointcommission.org