

Policy Title:	HUMPTY DUMPTY FALLS PREVENTION PROGRAM NEWBORN THROUGH 18 YRS OF AGE		
Category:	1 - Provision of Care	Policy No.:	150
Originally Issued:	8/6/2018	Update (U)/Revised (R):	8/6/2018
Distribution:	Hospital-Wide <input checked="" type="checkbox"/>	If not Hospital-Wide, Other:	

PURPOSE:

To provide guidelines to identify patients at risk, develop a plan of recommended interventions for patients at risk and identify opportunities to improve patient outcomes and prevent injuries

DEFINITION(S):

Fall is defined as a loss of upright position that results in landing on the floor, ground or an object or furniture or a sudden, uncontrolled, unintentional, non-purposeful, downward displacement of the body to the floor/ground or hitting another object like a chair or stair.

Pediatric Patient includes patients from newborn infant through 18 years of age.

POLICY:

To identify, assess, and implement appropriate interventions for pediatric patients at risk for falls.

PROCEDURE:

I. COMPONENTS OF THE HUMPTY DUMPTY PEDIATRIC FALL PREVENTION PROGRAM

- A. **Assessment/Re-Assessment:**
 Implementing a fall prevention program requires a systemic approach for identifying patients at risk for falling. The fall risk assessment scoring tool, "Humpty Dumpty Scale and Prevention program" (Attachment A) will be used (Inpatient Units) to assess the pediatric patient (Newborn-18 yrs.) at risk for falling.
- B. **Visual Identification of patient fall risk and communication of patient fall risk status (Inpatient pediatric unit):**
 - Yellow armband will be placed on the patient's wrist.
 - Fall Precaution sign will be posted on the door to the room.
 - A Humpty Dumpty fall precaution sign will be placed at the head of the patient's bed.

- C. Implementation of a care plan and falls/injury prevention protocol:
 - The fall/injury prevention strategies outline the assessments and safety interventions including patient teachings, which are initiated when a patient is identified as at risk for falls.
 - These interventions are incorporated into the plan of care for at risk patients.
- D. Education of patients, families, and staff about fall prevention:
 - Once a patient is identified as being at risk for falls, intervention strategies (Attachment B) will be discussed with the patient/family for the prevention of falls while hospitalized and when patient is discharged.
 - Implementation of these teachings will be documented in the EHR for both inpatient and outpatient.
- E. Concurrent PI monitoring using the fall prevention review tool:
 - Monitoring for compliance with components of the program and patient's/family's understanding of fall prevention measures.
 - Cases are reviewed and the data collected is tracked, analyzed, and reported to the Nursing Executive Committee.
- F. Post fall incident assessment:
 - Performance Improvement Fall Evaluation Tool (Attachment C) will be completed for each fall episode by the nurse assigned to the patient at the time of fall. This form needs to be forwarded to area nurse manager for further analysis.
 - Fall incidents are also monitored and reviewed using the SI reporting system.
 - The tool gathers data regarding the factors and circumstances surrounding the patient's fall and analyzed for process improvement.
 - Analyses of data and appropriate corrective actions are reported to the Nursing Performance Improvement Committee.
- G. Employee falls prevention education:
 - Staff will review the PowerPoint presentation on the Humpty Dumpty Pediatric Fall Prevention Program.
 - The Humpty Dumpty Pediatric Fall Prevention Program will be added to the Unit Specific Orientation.

II. PROCEDURE

A. Inpatient Pediatric Setting (4C)

1. Assessment:

- a. All patients admitted to the inpatient pediatric setting must be assessed upon admission for fall-related risk factors.
- b. Patients are to be assessed /reassessed every shift as part of the assessment process after admission or with any change of status. (e.g., procedure, surgery, medication, etc.)

- c. Subsequent fall prevention interventions must be initiated based on the range in which the patient scores, low or high risk. For example: if patient's total risk score is 7-11, the patient is identified to be at low risk and Standard Fall Prevention Interventions will be initiated. However, if a patient's total risk score is 12 or greater, the patient is identified to be at high risk for falling and the High-Risk Fall Prevention Interventions will be initiated in addition to the Standard Fall Prevention Interventions.

2. Intervention Strategies:

The registered nurse will initiate a plan of care, which includes the implementation of the following interventions at the identified risk level:

Low Risk Protocol Interventions (Score 7-11)

- a. Orient patient/family/caregiver to the room
- b. Assess elimination needs, assist as needed
- c. Bed in low position, brakes on
- d. Side rails X2 or 4 up, assess large gaps, such that a patient could get extremity or other body part entrapped, use additional safety precautions
- e. Use of non-skid footwear for ambulating patients
- f. Use of appropriately sized clothing to prevent risk of tripping
- g. Call light is within reach and patient/family educated on its use
- h. Environment clear of clear of hazards, such as unused equipment, furniture is in place
- i. Assess for adequate lighting, leave nightlights on
- j. Educate patient and family on fall prevention interventions and "Humpty Dumpty Pediatric Fall Prevention Safety Tips" educational pamphlet

High Risk Protocol Interventions (Score 12 or more)

- a. A Yellow "Fall Precaution Sign" will be posted on the door to the patient's room
- b. A Yellow Armband with Humpty Dumpty logo will be placed on the patient's wrist
- c. "Preventing falls, enhancing safety" sign will be placed at the head of the patient's bed
- d. Evaluate medication administration times
- e. Protective barriers to close off spaces, gaps in the bed
- f. Keep door open at all times, unless specified isolation precautions are in use
- g. Check patient minimum of every one (1) hour
- h. Accompany patient with ambulation
- i. Move patient closer to nurse's station
- j. Assess need for 1:1 supervision

3. Evaluation:

Patients are to be reassessed:

- Every shift as part of the assessment process
- Change of status (Procedure, surgery, medication, etc.)

4. Education:
Educate patient and family on fall prevention interventions and “Humpty Dumpty Fall Prevention Safety Tips” educational pamphlet.
5. Documentation:
 - a. The registered nurse will document initial assessment in the EHR.
 - b. Reassessment will be documented in the EHR.
 - c. Document plan of care on the Pediatric Multidisciplinary Plan of Care in the EHR.
 - d. Document teaching provided to the patient/family caregiver regarding fall prevention interventions and “Humpty Dumpty Fall Prevention Safety Tips” educational pamphlet in the Patient/Family Teaching Record in the EHR.

B. Outpatient Pediatric Settings (Pediatrics, Managed Care, and Scan Clinics)

1. Assessment:
 - a. All patients are presumed at risk for fall and the interventions listed in the section B.2. (below) will be implemented for all patients to prevent falls
 - b. All patients/parents/caregivers will receive education regarding fall prevention strategies while in the hospital and at home (“Humpty Dumpty Fall Prevention Safety Tips”).
2. Intervention Strategies:

The following interventions will be implemented for all patients while in the hospital:

 - a. Maintain a clutter free area
 - b. Assist patients to and in the room
 - c. Lock all wheelchairs before ambulating
 - d. Have patients sit on the chair and move to exam table when physician in the room
 - e. All patients/parents/caregivers will receive education regarding fall prevention strategies while in the hospital and at home (“Humpty Dumpty Fall Prevention Safety Tips”)
3. Evaluation:

All patients are to be assessed every visit to the clinic
4. Documentation:

Document teaching provided to the patient/family/caregiver regarding fall prevention interventions and “Humpty Dumpty Fall Prevention Safety Tips” educational pamphlet in the Patient/Family Teaching Record in the EHR.

C. Pediatric Walk-In and the Emergency Department

1. Assessment:

The following patients are considered at risk for falls:

- Altered Mental Status (AMS)
- History of Seizures
- Patients with observable unsteady gait
- Patients using assistive devices
- MRCP Patients
- Patients who are taking Sedatives, Hypnotics, Barbiturates, Phenothiazides,
- Antidepressants, and Narcotics.

2. Intervention Strategies:

- a. Place patient on the Humpty Dumpty Patient Fall Prevention Program
- b. A Yellow Armband with Humpty Dumpty logo will be placed on the patient's wrist
- c. The Registered Nurse will initiate a plan of care, which includes the implementation of the following interventions:
 - Maintain close observation
 - Side rails up while on gurney
 - Ambulate with assistance

All patients/parents/caregivers will receive education regarding fall prevention strategies while in the hospital and at home ("Humpty Dumpty Fall Prevention Safety Tips").

3. Evaluation

Patients are to be reassessed:

- Change of status (e.g., procedure, surgery, medication, etc.)

4. Documentation

Document teaching provided to the patient/family/ caregiver regarding fall prevention interventions and "Humpty Dumpty Fall Prevention Safety Tips" educational pamphlet in the Patient/Family Teaching Record in the EHR.

ATTACHMENTS/FORMS:

Assessment Tool 10-29-08 Inpatient (Attachment D)

Fall Evaluation Tool 07-02-08 (Attachment C)

Interventions List (Attachment B)

Scale and Prevention (Attachment A)

REFERENCE(S)/AUTHORITY:

None

APPROVED BY:

Jan Love (Clinical Nurse Director)