

Falls Prevention and Management for People admitted to Acute and Subacute Care

Paediatrics



August 2018

Image: mayoclinic.org



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Introduction

This procedure outlines the processes required to prevent & manage falls for people admitted to both acute & sub-acute facilities across the South Western Sydney Local Health District (SWS LHD).



Image: neaccy.org



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Statistics

- Falls are the most commonly reported adverse event in hospitals.
- In 2016, 38 patients died in NSW public hospitals following a fall-related incident.
- In addition, there were 458 fall-related incidents resulting in serious patient harm

A 'fall' is defined as

“an event which results in a person coming to rest inadvertently on the ground, floor or other lower level”



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Principles

This procedure applies to all groups identified as at risk across all facilities in SWSLHD including;

- women receiving maternity care and neonates
- children
- mental health
- drug and alcohol patients

Does not include outpatients & those under the care of community health services, this will be covered by new separate guidelines for SWSLHD



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Principles

Aim:

- to reduce the incidence of patient falls
- to minimise harm from falls for patients in our care.

Best practice for preventing falls in hospital includes 4 key components:

- Identification of falls risk
- Implementation of standard prevention strategies (e.g. call bell in reach)
- Implementation of strategies targeting identified risks to prevent falls
- Prevention of injury to those people who do fall

The intention of this procedure is to ensure that a patient's falls risk is recognised promptly, appropriate action is taken & documentation is completed.

Falls in Paediatrics

- Paediatrics refers to children aged between 1 month and 16 years
- Most falls in children are associated with normal stages of development – learning to walk, climb, run, jump & explore their physical environment
- The majority of falls do not result in significant injury
- Falls risks do exist for children in hospital and include factors related to:
 - the child's medical history
 - presenting condition & subsequent treatment
 - environmental factors i.e. cot-sides being left down & the height of the beds/cots



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Falls Risk Screening tool

Use the NSW Health Paediatric Falls Risk Assessment which has also been adapted for eMR 2.

 SMR060020	 Health	GIVEN NAME _____		☐ MALE ☐ FEMALE		
	Facility: _____	D.O.B. ____/____/____		M.O. _____		
	ADDRESS _____					
	LOCATION / WARD _____					
PAEDIATRIC FALL RISK ASSESSMENT						
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE						
Date and Time of assessment must be recorded To be completed on admission and/or when condition changes						
Fall Risk Assessment Tool (Adapted from the Miami Children's Hospital Humpty Dumpty Falls Prevention Program)		Date/ Time				
Age		Score	Score	Score	Score	Score
< 3 years old		4				
3 years to < 7 years old		3				
7 years to < 13 years old		2				
13 years +		1				
Gender						
Male		2				
Female		1				
Diagnosis						
Neurological Diagnosis		4				
De-conditioned/Alteration in oxygenation (e.g. Respiratory Diagnosis, Dehydration, Anaemia, Syncope/Dizziness Disorder)		3				
Psych/Behavioural		2				
Other Diagnosis		1				
Cognitive Impairment						
Not aware of limitations		3				
Forgets Limitations		2				
Oriented to own ability		1				
Environmental Factors						
History of falls						
Infant - Toddler placed in bed		4				
Patient uses assistive devices						
Infant - Toddler in cot		3				
Patient placed in bed		2				
Outpatient area		1				
Patient has had Surgery/Deep Sedation						
Within 24 hours		3				
Within 48 hours		2				
More than 48 hours/None		1				
Medication Usage						
Multiple usage of Sedatives (excluding ICU's); Hypnotics; Barbiturates; Antidepressants; Laxatives; Diuretics; Narcotic		3				
One of the medications listed above		2				
Other medications/None		1				
Total Score						
High fall risk = score $\geq$ 12						
Surname Signature Designation						

Holes Punched as per AS2828.1: 2012
 BINDING MARGIN - NO WRITING

HA50245 072014

When is a falls risk screening conducted on children?

When	Procedure
On admission to an acute or sub-acute facility or at first point of contact	All children who are admitted will be screened for falls risk using the Paediatric Falls Risk Assessment within the first 4 hours of their admission & should be repeated every 3 days .
Following a fall	All children who fall in hospital must have a repeat falls risk screen.
Change in the child's condition (Physical and/or mental)	A repeat falls risk assessment must be completed if there is any change to the child's physical &/or mental condition e.g. post-operative.

Guide to Completion of the Falls Risk Assessment Tool

Age

Based on the chronological or developmental age of the child

Gender

Male / Female

Diagnosis

If the child has multiple, secondary or underlying diagnoses / conditions, the score is based on the highest acuity diagnosis



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Guide to completion of the Falls Risk Assessment tool

Cognitive Impairment:

- **Not aware of limitations:** can refer to children in any age group & is dependent on ability to understand the consequences to their actions (e.g. Severe head trauma, infancy)
- **Forgets limitations:** can refer to children in any age group. The child has the ability to be aware of their limitations however, due to the factors such as current presenting symptoms, medications or alteration in function, may forget their limitations
- **Oriented to ability:** able to make appropriate decisions, understands consequences of actions



Guide to completion of the Falls Risk Assessment tool

Environmental factors:

- **History of falls:** related to admission, during current admission or previous admission
- **Infant/toddler placed in bed:** refers to inappropriate placement of them in a bed vs a proper placement in a crib or cot
- **Child uses assistive devices:** includes but not limited to crutches, walking frames or sticks, orthotic devices
- **Infant/toddler in crib:** appropriate crib/cot placement
- **Child placed in bed:** appropriate bed placement
- **Outpatient area:** inpatient receiving services in an outpatient area.



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Guide to Completion of the Falls Risk Assessment Tool

Child has had Surgery/Sedation/Anaesthesia:

If the child has had surgery/sedation/anaesthesia, score according to the length of time since the procedure/sedation.

Medication Usage:

The purpose of this section is to identify children who may be at risk of falls due to medications that alter alertness or cause other side effects such as dizziness or increased need to rush to the toilet.



Image: uhsystem.com



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Case Study

- 7 year old boy
- Admitted with an asthma attack
- He has a history of epilepsy
- His medications include:
 - Carbamazepine (Tegretol) 200mg BD
 - Ventolin Inhaler TDS
 - Seretide Inhaler BD
- His cognitive ability is age appropriate and within normal limits
- He is currently resting in bed



Image: aboutachild.com

Identifying Children at High Risk

- Children who score ≥ 12 are considered at high falls risk
- High risk status should be documented on the care plan & communicated to relevant clinical staff as a routine part of bedside clinical handover
- Patient Care boards must reflect their high risk status
- Parents/Carers of the child should be informed of the high falls risk & given written information e.g. CEC Information for Parents & Carers: Falls Prevention for Children in Hospital



Image: Utah Valley Hospital Primary Children's Network



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Falls Prevention for Children in Hospital Information for Parents and Carer

We all know that children fall. A fall in hospital may be more serious because they are already unwell or injured.

If your child falls in hospital, tell a staff member immediately.

Please turn over for TOP TIPS to prevent a fall in hospital.

Falls in hospital can happen:



From a
bed or chair

From a sleeping
parent's arms

During busy
times, day and
night

**FALLS
HAPPEN**

Going to the
toilet

When no one is
watching

Around the bed
or cot

Top tips to prevent a fall in hospital

Do:

- Place things that your child might want within easy reach.
- Bring in non-slip shoes/slippers (no thongs) and make sure your child does not walk around in surgical stockings or socks without non slip soles.
- Tell nursing staff if your child is going to be left unsupervised, so they can keep a closer eye on them.
- Clothing and pyjamas should be above the ankles to avoid tripping.
- Children will need help when walking for the first time after having an operation, starting new medication, using crutches or a frame.
- Use safety straps for all equipment such as seats, high chairs, prams & wheelchairs.
- Let staff know if you see any dangers (e.g. spills, obstacles or toys).

It is not safe to:

- Let children play in unsafe areas (e.g. bathrooms, table tops, window sills).
- Allow children to run on the ward.
- Share the bed with your child. It is not safe for you to put your child in a chair bed with you and children's beds are not designed for adults.
- Leave cot sides down while children are in cots or on change tables. Rails need to be all the way up. This also applies to children in beds.

Care Actions for All Paediatric Patients

ON ADMISSION

- Orientate child/parents/carers to room
- Educate child/parents/carers about the potential fall risk, interventions & provide information
- Educate child/parents/carers on how to use the call bell - ensure nurse call bell & light is within easy reach
- Document the care plan has been discussed with the child/parents/carer in notes
- Put bed/cot rails up. Assess for any gaps where a child could be injured or trapped consider the use of additional safety precautions, such as bolster



Care Actions for All Paediatric Patients

ON ADMISSION (Continued)

- Place child in developmentally appropriate sized bed (may require low bed), ensure the brakes are on
- Ensure child has non-skid footwear & appropriate clothing to prevent tripping



Image: Swedish.org

Care Actions for All Paediatric Patients

Routine Care

- Assess toileting needs & assist as needed
- Bed heads & foot ends must be in place on all beds at as per hospital protocol
- If child mobilises with IV pole, ensure equipment is placed close to the centre of the pole, & IV lines are secure
- Ensure environment is clear of clutter & bed area is clear of trip hazards
- Curtains should be pulled back to enable full view of child, unless otherwise indicated



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Care Actions for All Paediatric Patients

Routine Care (Continued)

- Ensure adequate lighting & leave nightlight on where appropriate
- Keep room door open at all times unless specified isolation precautions are in use



Image: dreamstime.org



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Falls Risk Management

- All children under the age of 3, or in paediatric ICU are at high risk of falls & falls prevention should be part of the routine care of these children
- Children over the age of 3 who score ≥ 12 are at high risk. Additional consideration should be given about how to best manage their risk.



Additional considerations for **High Risk Patients** (score of 12 or above)

- At clinical handover communicate high fall risk status & interventions in place
- At a minimum check the child every hour if they are unattended
- Accompany the child when they are ambulating
- Consider moving child closer to nurses' station
- Assess need for 1:1 supervision
- Review medication administration times for children
- Engage child's parents/carers in falls prevention interventions



Post Fall Management

- Immediate response must assess the need for Basic Life Support
- Notify the child's medical team for review
- Notify the NUM or In Charge of Shift
- Take baseline vital signs, including neurological observations
- The frequency & type of observations required on an ongoing basis will be determined by the medical officer after review. If the child hit their head, neuro obs are **mandatory hourly for 4 hrs post fall** & then as clinically indicated



Post Fall Management (continued)

- Document the fall in the child's clinical record
- Record the fall incident in IIMS
- Inform parents/carers, if not present at time of fall, as soon as is practicable of the incident & the strategies put in place to prevent further falls
- Repeat the Paediatric Falls Risk Assessment & update the management plan
- Communicate the fall incident & post fall management during bedside clinical handover



Conclusion

Falls Prevention is Everyone's Business

This procedure provides best practice guidelines & tools for falls prevention. It describes the governance structures & processes required to deliver a proactive approach to reduce the frequency, severity of falls & injuries resulting from falls.



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