

Fall Risk Assessment and Plan of Care
Hemodialysis (Outpatient)

This is a patient risk of fall assessment and plan of care specifically related to hemodialysis patients that was developed by the Cabell Huntington Hospital (CHH) located in Huntington, West Virginia,

Please review it and determine if this tool will assist you as you make your own patient safety plans for your facility.

The Quality Improvement Staff of Heartland Kidney Network

Fall Risk Assessment and Plan of Care

Hemodialysis (Outpatient)

All patients will be assessed on admission for the potential to fall using the tool below.

Place initials and date next to all criteria that apply in each area of risk. Reassessment should occur every 6 (six) months (see below).

Exclusion criteria: Comatose or paralyzed (quad.) patients; children under the age of 2 years old.

| Sensory Alteration | | Level of Consciousness Change | | Incontinence/Elimination | | Physical Impairment | |
|-----------------------|-----------------|---|-----------------|--------------------------|-----------------|-------------------------------------|-----------------|
| | Date & Initials | | Date & Initials | | Date & Initials | | Date & Initials |
| Slight Impairment (1) | _____ | Altered mental status (2) | _____ | Urinary | _____ | Medical Equipment (1) | _____ |
| Aphasia (1) | _____ | Dementia/Memory Loss (2) | _____ | Urgency/Incontinence (2) | _____ | History of Fall (1) | _____ |
| Hearing Loss (1) | _____ | Sedating drugs in the past 24 hours (1) | _____ | Diarrhea (1) | _____ | Pronounced in strength/mobility (2) | _____ |
| Other (1) | _____ | Insulin (1) | _____ | Laxative/enema use (1) | _____ | Loss of limb(s) (1) | _____ |
| | | Anti-hypertensive (1) | _____ | Diuretics in use (1) | _____ | Syncope/dizziness (1) | _____ |
| | | Other (1) | _____ | Other (1) | _____ | Use of ambulation aids (1) | _____ |
| | | | | | | Other (1) | _____ |

KEY:

Add points for risk factors. If score is 6 or more, implement the Falling Star Program. If there are any items initialed in a category, activate the plan of care for that category below: Note: All patients at risk to fall will have the "Falling Star" sticker placed on their Kardex, Chart, and Identification Badge. Outcome statement: Before, during, and immediately following dialysis treatment, the patient will not suffer injury from falling due to S-L-I-P (Circle appropriate category(s).)

Not at Risk
 Care Plan Implemented
 Falling Star Program Initiated

| Sensory Alteration | Level of Consciousness Change | Incontinence/Elimination | Physical Impairment |
|---|---|-----------------------------|--|
| Assist to chair from lobby Maintain clear pathway Encourage hearing aid/glasses | Do not leave unattended Footrest up at all times BP checks frequently | Offer bedpan frequently | Use wheelchair to transport if needed Ask patient to call for help upon arrival Encourage use of cane/walker |
| Intervention Date/Signature | Intervention Date/Signature | Intervention Date/Signature | Intervention Date/Signature |
| | | | |
| | | | |

If score is 6 or greater, implement the Falling Star Program. Reassess every 6 (six) months.

Patient Identification

Reassessment should occur every 6 (six) months. If next risk factors are identified, activate the Plan of Care for the S-L-I-P Category on the reverse side.

| | | | | |
|--|--|---|--|--|
| Date/Initials _____/_____ Score _____ | Sensory Alteration Slight Impairment (1) ___ Aphasia (1) ___ Hearing Loss (1) ___ Other (1) ___ | Level of Consciousness Change Altered mental status (2) ___ Dementia/Memory Loss (2) ___ Sedating drugs in the past 24 hours (1) ___ Insulin (1) ___ Anti-hypertensive (1) ___ Other (1) ___ | Incontinence/Elimination Urinary Urgency/Incontinence (2) ___ Diarrhea (1) ___ Laxative/enema use (1) ___ Diuretics in use (1) ___ Other (1) ___ | Physical Impairment Medical Equipment (1) ___ History of Fall (1) ___ Pronounced in strength mobility (2) ___ Loss of limb(s) (1) ___ Syncope/dizziness (1) ___ Use of ambulation aids (1) ___ Other (1) ___ |
| Date/Initials _____/_____ Score _____ | Sensory Alteration Slight Impairment (1) ___ Aphasia (1) ___ Hearing Loss (1) ___ Other (1) ___ | Level of Consciousness Change Altered mental status (2) ___ Dementia/Memory Loss (2) ___ Sedating drugs in the past 24 hours (1) ___ Insulin (1) ___ Anti-hypertensive (1) ___ Other (1) ___ | Incontinence/Elimination Urinary Urgency/Incontinence (2) ___ Diarrhea (1) ___ Laxative/enema use (1) ___ Diuretics in use (1) ___ Other (1) ___ | Physical Impairment Medical Equipment (1) ___ History of Fall (1) ___ Pronounced in strength mobility (2) ___ Loss of limb(s) (1) ___ Syncope/dizziness (1) ___ Use of ambulation aids (1) ___ Other (1) ___ |
| Date/Initials _____/_____ Score _____ | Sensory Alteration Slight Impairment (1) ___ Aphasia (1) ___ Hearing Loss (1) ___ Other (1) ___ | Level of Consciousness Change Altered mental status (2) ___ Dementia/Memory Loss (2) ___ Sedating drugs in the past 24 hours (1) ___ Insulin (1) ___ Anti-hypertensive (1) ___ Other (1) ___ | Incontinence/Elimination Urinary Urgency/Incontinence (2) ___ Diarrhea (1) ___ Laxative/enema use (1) ___ Diuretics in use (1) ___ Other (1) ___ | Physical Impairment Medical Equipment (1) ___ History of Fall (1) ___ Pronounced in strength mobility (2) ___ Loss of limb(s) (1) ___ Syncope/dizziness (1) ___ Use of ambulation aids (1) ___ Other (1) ___ |
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If the score is 6 (six) or greater, implement the Falling Star Program