Taichung Veterans General Hospital I	Patient Hando	uts of Fall	<b>Prevention</b>	2024.02.27(2
				2018.05.21 Se

<b>Taichung Veterans General Hospital</b>	Patient Hando	outs of Fall Prevention 2024.02.27(2)
Co-care intervention of preventing fall	Risky Situations for falling	The strengthening of the prevention m
<ol> <li>Make sure the bed wheel is locked, and keep the height of bed in lowest.</li> <li>Providing the extension line of red button and put it in the range of patient can reach easily.</li> <li>Materials in common use set within its range of vision and could take easily.</li> <li>DO NOT leave patient alone while patient is sitting on the bedside.         Choose the armchair to sit.     </li> <li>Use the bath chair in taking shower of the clothes in sitting position. DO NOT stand on one leg.</li> </ol>	1.Fell before or admission for falling	1. To understand the cause of falling and carry out the prevention measures by patient condition.
<ul> <li>7. Please inform nurses about wetting floor any time.</li> <li>8. Put on fitted cleats when patient get out of bed and moving.</li> <li>9. Keep the length of pants above ankles.</li> <li>10. After surgery, chemo-therapy or any examinations, do not get out of bed if you feel dizziness or weakness.</li> <li>※Is there any blood coagulation related disorder or medication? YES□ NO□</li> <li>※If choose 『YES』 please NOTE: Falling is easy to cause serious injuries such as bleeding, so must strengthened the prevention measures.</li> </ul>	2. Irritation	<ol> <li>Caregivers should call out nurses by using red button, and keep watching the patient.</li> <li>Caregivers should stay with patient all the time as possible as you can, please inform the nurses and keep patient in safe condition, if you have to leave for a while.</li> <li>Considering about the patient safety, healthcare team will discuss with you for patient too irritation to obey medication treatment, then give the appropriate protective restrain.</li> <li>Pull up the bed rails and make sure it is locked when patient stayed in bed.</li> </ol>

Risky Situations for falling	Highlights of Interventions for Preventing fall
3. Poor visibility to affect daily life.	<ol> <li>Wear appropriate glasses by patient need and put it beside could take easily.</li> <li>Keep hallway of the ward well-lit.</li> <li>DO NOT pile up the personal belonging and keep aisle clear to avoid falling.</li> <li>Make sure table and chair secured.</li> <li>Educate patient to use red button for assistance, do not get out of bed alone.</li> <li>Caregivers should sleep near the bedside, it's easy for patient to call help.</li> <li>Pull up the bed rails and make sure it is locked when patient stayed in bed.</li> </ol>
4. Go to toilet very often (frequent urination or diahrrea)	<ol> <li>Select suitable way to toilet. (Urinal &gt; bedpan &gt; Commode Chairs) ∘</li> <li>Caregiver should accompany with patient during the toilet all the time or use red button for help, if patient feel weakness.</li> <li>Cut down water or liquid food after dinner.</li> <li>Go to bathroom before sleeping, reducing toilet times at midnight ∘</li> </ol>
5.Ask for assistance to displacement and activity by yourself	<ol> <li>Caregiver should stay with patient all the times, please inform the nurses and keep patient in safe condition, if you have to leave for a while.</li> <li>Increasing muscle strength and activity skills with rehabilitation exercise.</li> <li>Caregivers should be proficient in displacement skills. (Such as from the bed to the wheelchair etc.), request assistance from nurses if necessary.</li> <li>Use of appropriate assistive devices when you out of bed (canes, walkers, wheelchairs).</li> <li>Use of handrails or bed rails to support the body when change positions.</li> <li>Put on fitted cleats in getting out of bed.</li> <li>Educate patient to use red button for assistance, do not get out of bed alone.</li> </ol>

Risky Situations for falling	Highlights of Interventions for Preventing fall	
5. Ask for assistance to displacement and activity by yourself	8. Pull up the bed rails and make sure it is locked when patient stayed in bed. 9. Caregivers should sleep near the bedside, it's easy for patient to call help. 10. Select the appropriate way to toilet.(Urinal, Bedpan, Commode chairs) 11. Cut down water or liquid food after dinner. 12. Go to bathroom before sleeping, reducing toilet times at midnight •	
6.Dizzness	<ol> <li>Rest in bed if necessary and avoid getting out of bed °</li> <li>Pull up the bed rails and make sure it locked when patient stayed in bed.</li> <li>Educate patient to use red button for assistance, do not get out of bed alone.</li> <li>When get out of bed or change positions should be performed progressively: change the lying position to a sitting position should slowly sit up first and then sit on the bed edge for 1-3 minutes, if no symptoms of dizziness, and then stand up for 1-3 minutes, and can start walking if no symptoms of dizziness.</li> <li>When patient have dizziness by walking, should leaning against the wall slowly sit down, and request assistance.</li> <li>Select the appropriate way to toilet.(Urinal, Bedpan, Commode chairs)</li> <li>Cut down water or liquid food after dinner.</li> <li>Go to bathroom before sleeping, reducing toilet times at midnight °</li> <li>Caregiver should stay with patient all the times, please inform the nurses and keep patient in safe condition, if you have to leave for a while.</li> <li>Caregivers should sleep near the bedside, it's easy for patient to call help.</li> </ol>	

Risky Situations for falling	Highlights of Interventions for Preventing fall
7. taking the medicine that	1. Must be pay attention to the situation after taking medicine, reducing get out of bed and pay
might let you fall	attention to safety
(such as: sedative Hypnotics,	2. If feel weakness, the caregiver must assist the patient to get off the bed for some
opioid, antipsychotics,	activities or go to the toilet at all time, or use of call bell for help.
Anti-depressant, etc.)	3. Go to the toilet before bedtime, to reduce the chance of going to the toilet at midnight.
	4. Cut down water or liquid food after dinner.
	5. Select the appropriate way to toilet.(Urinal, Bedpan, Commode chairs)
STREET PAGE TO STREET	6. Caregivers should sleep near the bedside, it's easy for patient to call help.
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\*High-risk fall groups: : Yes (As long as one of them is, the more items, the greater risk of falling)

\* Please add fall prevention icon in the wrist tag ; Placing "fall prevention" sign at the bedside.

Instructor's Signature:	
Family/patient's Signature:	
Data :	

Let's take a test to confirm that you have a thorough understanding.  1.A fall refers to an "unexpected" fall or slip on the ground in any place and under any circumstances, regardless of whether it causes physical injury or not.
○YES ○NO ○Not sure
2.Risk factors that may cause falls include: seeking medical treatment due to falls, agitation, poor vision, affecting daily life, needing to go to the toilet frequently (frequent urination or diarrhea), needing assistance for self-transposition and movement, taking drugs that are prone to falling, and dizziness.  OYES ONO ONot sure
3. When hospitalized, in order to facilitate the patient's movement out of bed, the bed rails on both sides do not need to be pulled up.  ONO ONOT Sure
4.To care for patients who are prone to falling, it is necessary to arrange for relatives and friends to take care of them, and to place items within easy reach. The caregiver must sleep close to the hospital bed so that the patient can call easily, and wear non-slip shoes with upper coverings during activities.  OYES ONO ONot sure
5. When getting up and moving, you should get out of bed gradually. First sit up and rest for 3 minutes, then sit on the edge of the bed for 3 minutes. After confirming that you are not dizzy, you should be accompanied by a caregiver to get out of bed.  ONO ONOT Sure