



A Slippery Slope: Assessment of Falls on the Orthopedic and Neurology Medical Surgical Floor

Caitlyn Dowd, BSN, RN, Kendal Frey, BSN, RN, & Sarah Wagoner, BSN, RN
4 Acute Care

Introduction

As nurses, one of our worst fears is walking into a patient's room and seeing them lying on the floor. Falls are considered "never events" in the hospital. The population of the fourth floor has many factors that make the patients prone to falls. The goal of this project is to explore the evidence to decrease the fall rate, and to ensure Hershey Medical Center completes proper interventions to prevent falls hospital wide.

- P-** Adult Orthopedic and Neurology Patients of 4 AC
- I-** Increase in falls
- C-** Compared to the national benchmark
- O-** Decrease in the fall rate

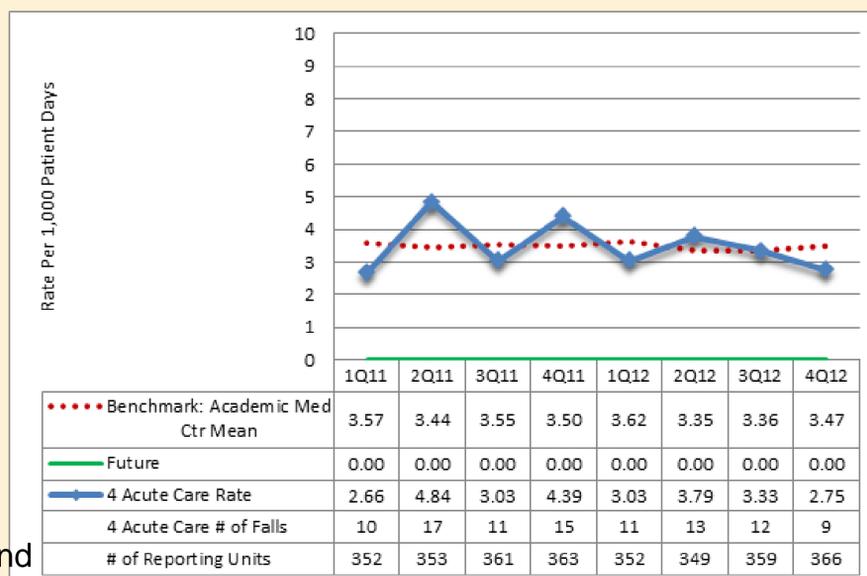
Methods

The search engines of CINAHL and Pub Med were used to gather data. Key words used were "falls," "assessments," "medical surgical," "orthopedic," "neurology," and "altered mental status." After finding many articles, four were narrowed down as applicable to the evidence based practice project.

Reference Results

- Evidence shows that completing a fall risk assessment more frequently will decrease the fall rate.
- Including the family can be a useful tool while completing the fall risk assessment.
- Falls contribute to 84% of the adverse events in the hospital. 30% of falls cause further injury (Aranda-Gallardo et al., 2012).
- The physician fall risk assessment upon admission in comparison to nursing falls assessment led to a reduction of inpatient falls.

4AC Falls



4th Floor IBed Audits

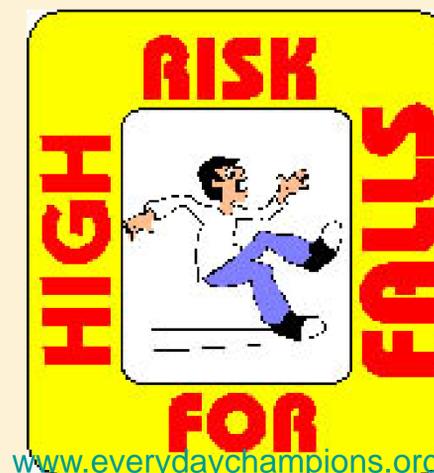
- 44 Bed Unit
 - 30 IBeds not in Use
 - 30 Cables not plugged in
 - 2 pt bed alarms activated
- (4th Floor Practice Counsel, 2013)

4th Floor Fast Facts

- This year 4AC celebrated 89 days without a patient fall
- Continue IBed Audit and staff awareness
- ”Are your Green Lights on?”
- Post the days without falls at nursing station

Discussion

Although 4th floor went 89 days without a fall, the floor has recently had two falls in a time period of one week. Staff awareness, IBed usage, and frequent assessment must be carried out if Hershey Medical Center wishes to obtain a lower fall occurrence. Elective orthopedic surgeries, specifically hip and knee replacements, and neurology patients cause great fall risk due to instability of gait, narcotic use, poly-pharmacy, generalized weakness, confusion and disorientation, acute blood loss and history of falls.



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Conclusions

4 Acute Care is working diligently to decrease the falls rate, but there is room for improvement. Although hourly rounding, IBed use, and once daily assessments are valuable, more should be added to daily falls evaluations.

From the research findings, it is proposed that nurses complete more frequent fall risk assessments that include family members when possible. Interdisciplinary fall risk assessments were also discovered to be invaluable in decreasing fall risks and made both nursing and physicians responsible for the safety of the patient.

References

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