



















# Patient-Centered Fall Prevention Toolkit

## Fall TIPS Instruction Sheet for Nurses

### Overview

Preventing falls is a three step process\*: 1) identifying risk factors; 2) developing a tailored or personalized plan to decrease risk; and 3) consistently carrying out the plan. The Fall TIPS tool is designed to support nurses in partnering with patients and their family members **in the 3-step fall prevention process.**

 BRIGHAM AND WOMEN'S HOSPITAL <b>1 Patient Name:</b> _____		<b>1 Date:</b> _____	
<b>2 Fall Risks</b> (Check all that apply)		<b>3 Fall Interventions</b> (Circle selection based on color)	
 <b>History of Falls</b> <input type="checkbox"/>	 <b>4 Medication Side Effects</b> <input type="checkbox"/>	<b>Communicate Recent Falls</b> 	<b>Walking Aids</b>  <b>Crutches</b>  <b>Cane</b>  <b>Walker</b>
 <b>Walking Aid</b> <input type="checkbox"/>	 <b>5 IV and/or Equipment</b> <input type="checkbox"/>	<b>5 IV and/or Equipment Assistance When Walking</b> 	<b>6 Toileting Schedule: Every _____ hours</b>  <b>Bed Pan</b>  <b>Assist to Commode</b>  <b>Assist to Bathroom</b>
 <b>Unsteady Walk</b> <input type="checkbox"/>	 <b>May Forget or Choose Not to Call</b> <input type="checkbox"/>	<b>Bed Alarm On</b> 	<b>Assistance Out of Bed</b>  <b>1 person</b>  <b>2 people</b>

### How To Use:

1. Write the patient's first name and last updated date. Erase all information when patient is discharged
2. Left column lists all fall risk factors from the Morse Falls Scale (MFS). Go through assessment with the patient and check off any risks that apply to patient. These risk factors should match your MFS documentation completed in the EHR and be updated at all times.
3. Right column lists all evidence-based interventions and matches them by color to the appropriate risks. Selecting the interventions that match the color associated with each risk factor will result in a plan that is most likely to prevent a fall for a patient with that particular risk profile. However, you should also use your clinical judgment to tailor the interventions to your patient. Based on individual patient differences, you may choose more interventions or you may choose not to select a recommended intervention.
4. Corresponding MFS item refers to multiple co-morbidities. Patient with multiple co-morbidities are often on many medications that can increase the risk for falls. Some of these medications may increase the need for frequent toileting.
5. If patient has a heplock and does not have equipment attached, check off the risk factor "IV and/or Equipment" without circling the corresponding intervention "IV Assistance When Walking". As always, use your clinical judgment.
6. Both the "Medication Side Effects" and the "IV and/or Equipment" risk factors have the "Toileting Schedule" as a recommended intervention. Toileting schedule should be ordered for every 1 or 2 hours based on your clinical judgment.

For any questions, please contact Patricia Dykes RN PhD via [pdykes@partners.org](mailto:pdykes@partners.org)

\*Dykes, P.C., et al., Fall prevention in acute care hospitals: a randomized trial. JAMA, 2010. 304(17): p. 1912-8.

