

Milwaukee County Department of Health and Human Services



Behavioral
Health
Division

FALLS Assessment/Learning Points

The facility will ensure the following plan is implemented to protect the health and safety of patients including those patients at risk to fall.

- Definition of a fall: A fall is an unintended/uncontrolled event resulting in a person coming to rest on the ground /floor or other lower level (witnessed) or is reported to have landed on the floor (unwitnessed). When a person chooses to put him/herself on the floor or lower level, this is not a fall.
- Initiate a fall risk assessment after any witnessed/unwitnessed fall.
- **If a patient is found/observed on the floor he/she will be assessed as a fall.**
- Fall Risk Assessment is completed using the Morse Fall Scale/I'm Safe (17 and younger):
 - In PCS prior to being admitted to the inpatient units
 - Following a fall
 - Upon significant change in condition or change in medication regimen increasing risk of a fall
- Any patient with medium-high score (25 and above) will have a yellow armband to alert all staff, and a yellow band should be placed next to the patient name on the bed assignment board.
- Any patient that falls must automatically be considered a risk and have a yellow wristband.
- Anyone wearing a yellow wristband must have an updated Recovery Plan to reflect the fall risk.
- Initiate use of the Falling Leaf Logo to communicate risk.
 - On the spine of the chart
 - On the room door
- I will alert my supervisor of any concerns, updates or changes in a patient's condition.
- Falls will be entered into the Physical Care Consult/Medical Event Consult Book

No medical concern should be attributed to a psychiatric disorder unless it has been medically determined, to the degree possible, to have no medical causes. The facility will ensure the patient's right to transfer will be acted upon per facility policy.

- Falls will be communicated to all members of the treatment team in the multidisciplinary report.

Communicate to all shifts and staff that the patient has fallen and is at risk to fall again.

Implement Change of Condition assessment/intervention/evaluation as indicated and/or ordered.

- If assistive devices are ordered, be sure the patient is using them and document any patient refusal.
- Bed alarms and chair alarms will be checked for proper functioning.
- I understand the Post-Fall Management Protocol is in effect for a minimum of **48 HOURS** following a fall.
- BHD Medical staff may call the Milwaukee County Paramedic Base at (414) 805-4343 and request consultation and verification with an ER Attending.
- I have received a copy of the Fall Prevention: Identification and Management of Individuals at Risk Policy and Procedure and Medical Evaluations Required for Patients with Somatic Concerns memo.

Print Name

Signature

Date