The Royal Children's Hospital Melbourne

UR NUMBER
SURNAME
GIVEN NAME(S)
DATE OF BIRTH
AFFIX PATIENT LABEL HERE ↑

Falls – High risk management plan

Form required for patients identified as high risk - falls risk assessment score equal to or greater than 3
Tick box for management strategies relevant to individual patient

Ensure safe environment maintained as outlined in Falls Clinical Guideline

Risk Assessment Score_____ Date_____/_____/_____

Supervision

- ○ patient requires direct and constant supervision
- ○ supervise with transfers
- ○ encourage parents to supervise their child at all times when their child is with them
- ○ provide adequate supervision during procedures

Environment

- ○ side rails to be kept up
- ○ side rails to be kept down
- ○ place protective barriers over gaps and spaces in bed (such as end of side rails)
- ○ remove all unused equipment out of patient's room
- ○ keep door open at all times unless specific isolation precautions are in use
- ○ keep bed in lowest position, unless patient is directly attended
- ○ use of Hi-Lo Bed. ○ +/- mat next to bed
- ○ nurse on mattress only (only suitable for patients not requiring manual lifting)

Nursing Intervention

- ○ check patient hourly
- ○ assist in and out of bed, instructing to raise slowly
- ○ assist with toileting
- ○ implement use of Soft Helmet.

Mobilisation Support

- ○ ensure appropriate mobility aids are available for use
- ○ accompany patient with ambulation
- ○ referral to Occupational Therapy
- ○ referral to Physiotherapy
- ○ other precautions implemented _____

Registered Nurse Name_____ Signature_____

Management plan discussed with parent/carer, Falls Safety factsheet received

Parent Name_____ Signature_____