

Evidence Table

Reference	Evidence level (I-VII)	Key findings, outcomes or recommendations
Austin, D. (2017), Predicting and Preventing Paediatric Falls in the Hospital, <i>Science of Caring</i> , University of Science California San Francisco	V	This article reviewed the reasons for paediatric falls in hospital and the importance of a risk assessment and management plan in the prevention of falls. Specifically, the article reviews the application of the <i>Little Schmidy Risk Assessment Tool</i> and identifies that whilst the tool performed well or better than other tools there remained the need for further research and improvement in paediatric falls tools. The article identified that significant future improvements of paediatric falls assessment and management can be made with the integration of an EMR.

<p>Yifan Xu., Paediatric Patient Falls: Prevention. Evidence Summaries – Joanna Briggs Institute. Adelaide: Jan 15, 2009</p>	<p>V</p>	<p>In 2004, an estimated 46,000 children died from falls worldwide</p> <p>Falls rank as the 12th leading cause of death among 5-9 year olds and 15-19 year olds</p> <p>A study exploring falls in hospitalised children identified the three most significant factors: history of falls, altered mental status (episodes of disorientation), and impaired gait</p> <ul style="list-style-type: none"> • Children less than 3 years have developmental differences in ambulation, which could make them more susceptible to falls, and the hospital is a new environment with unfamiliar surroundings and equipment, where the child is at greater risk for an unanticipated fall • A high number of fallers who had a caregiver in attendance, merely having someone in the room did not prevent falls in hospitals. Educating families about the increased risk for falls in the hospital and what interventions are effective towards preventing falls is important • Parents and health care workers should be aware that because children are in an unfamiliar environment and may have an impaired gait or episodes of disorientation associated with their illness, the child is further predisposed to falls • Children who are hospitalised should be closely monitored and assisted when performing activities such as going to the bathroom and getting out of bed because these activities were found to contribute to falls • Due to lack of evidence focusing on falls prevention for hospitalised children, future studies are needed to validate effective preventative nursing interventions • A screening program is only useful if there is also effective treatment or intervention available for patients identified as 'high risk'
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<p>Jamerson, J., Adlard, K., Akre, M., Barton, S J., Bennett, C., Brewer, M A., Bufe, G., Cooper, C L., Fields, H W., Graf, E., Kerby, R., Hill- Rodriguez, D. Paediatric falls: State of Science. Paediatric nursing July-August 2009. 35(4), 227-231</p>	<p>VII</p>	<p>The hospital environment differs from the home environment, risk for falls is greater due to physiological factors, medications, toileting needs and use of equipment</p> <ul style="list-style-type: none"> • Five significant risk factors were identified: <ul style="list-style-type: none"> Length of stay greater than 5 days An orthopaedic diagnosis Seizure medications Being IV free <p>One third of paediatric falls are accidental</p> <p>6% attributable to unpredicted physiologic factors</p> <p>61% of falls were anticipated in part due to due to normal child growth and development patterns.</p> <p>Adult tools poorly predicted the risk of paediatric falls</p> <p>Parents were noted to be in attendance for the majority of falls</p> <p>Incidents usually involve a fall out of bed, while ambulating, a slip on a wet surface or a trip over an item.</p> <ul style="list-style-type: none"> • 81% of hospitals surveyed used a fall risk assessment tool that was developed internally, 11.5% used the GRAF PIF and 7.7% used the Humpty Dumpty Falls Assessment Tool
<p>Rasmus, I., Wilson, D., Smith, R, Newman, E. (2006) Falls in Hospitalised Children. Paediatric Nursing. 32(6), 568-572</p>	<p>V</p>	<ul style="list-style-type: none"> • Nurses decrease potential harm in children by understanding common patterns of injury and educating parents against injury prevention • The three most significant factors identified in this study were history of falls, altered mental status (episodes of disorientation) and impaired gait.

<p>Razmus. I., Wilson. D., Smith. R., Newman. E. Falls in Hospitalised Children 2006 Nov-Dec. 32(6):568-72.</p>	<p>VI</p>	<p>Having someone in the room did not prevent falls</p> <p>Beds are involved in a significant number of pediatric falls. Most hospital beds are not designed so that small children can easily get in and out of bed without falling.</p> <p>The presence of side rails doesn't guarantee fall prevention in small children.</p> <p>Episodes of disorientation and fall history were the best predictors of pediatric falls for this sample.</p> <ul style="list-style-type: none"> • Children have some of the same and different risk factors for falls when compared to adults. <p>The similarities between children and adults in regards to activities involved in falls included getting out of bed and attempting to go to the bathroom.</p> <p>Key difference between the two groups is that children less than 3 years of age have developmental differences in ambulation, which could make them more susceptible to falls.</p> <ul style="list-style-type: none"> • The type of injuries that children experienced were different from adults, children hit their heads on hard objects whereas adults typically injure their hips. • It is also unclear how many non-injured pediatric patient falls were not reported due to the developmental stage of the child
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