

## Decision Support Resources

### Fall Prevention: Assessment & Management Order Set

Press CTRL then Click on the topic below for which you would like more information:

- [ICNP codes](#)
- [Screening For Falls Risk in Adults](#)
- [Universal Fall Precautions](#)
- [Comprehensive Falls Risk Assessment](#)
- [Falls Risk Factors](#)
- [Factors Associated with Increased Risk of Fall Injury](#)
- [Considerations for Referrals](#)
- [Exploring the Person's Knowledge and Perceptions of Risk and Motivation to Address Risk](#)
- [Considerations when Developing a Plan for Fall Prevention and Injury Reduction](#)

#### • [International Classification for Nursing Practice \(ICNP\) Codes<sup>1</sup>](#)

ICNP is a standardized language for describing nursing data that uses a numerical coding system. Standardized data is essential in electronic systems to facilitate outcome evaluation and ongoing quality improvement, seamless exchange of health information, comparative analysis and research. ICNP codes enable organizations to extract meaningful data from their systems. Email [eHealth@RNAO.ca](mailto:eHealth@RNAO.ca) for information on embedding ICNP codes into electronic systems.

#### • [Screening For Falls Risk in Adults<sup>3</sup>](#)

- Screening refers to a brief process that is used to identify individuals requiring assessment of risk factors and personalized interventions.
- For adults living in the community, it is recommended that screening for falls risk be conducted at least annually.

Risk prediction tools:

- Risk prediction tools aim to calculate a person's risk of falling, either in terms of 'at risk/not at risk' or in terms of 'low/medium/high risk'.
- No tool was identified in the literature that can be used to consistently or reliably predict fall risks in adults in hospital or community settings.
- The literature does not currently support the use of risk prediction tools in hospitals as a stand-alone approach to screening.

#### • [Universal Fall Precautions<sup>4</sup>](#)

Universal fall precautions apply to all patients regardless of fall risk. The goal is to keep the person's environment safe. The choice of precautions may vary by organization. Refer to the Order Set, *Prevention and Management of Falls in Adults* for interventions that are commonly implemented as part of the universal fall precautions.

#### • [Comprehensive Falls Risk Assessment<sup>5</sup>](#)

- A comprehensive falls risk assessment is recommended for persons identified as being at risk for a fall.
- Components of a comprehensive fall risk assessment may include:
  1. Details of falls history (frequency, context, contributing factors). This Order Set provides space to document the three most recent falls. If the person has fallen more than three times in the past year, review the falls history for each fall and identify possible patterns.
  2. Routine assessments/health histories
    - Identify factors associated with risk for falls or fall injury during admission/intake assessments, physical examinations, or health and social histories routinely conducted within health care settings.
    - For example, histories may detect biological, behavioural, psychological, and/or socio-economic risk factors and health conditions associated with an increased risk for falls.
  3. Validated tools
    - Validated or standardized tools may be used as one component of a comprehensive assessment for falls risk (e.g., to assess for impaired cognition, issues with gait or balance, fear of falling, and fracture risk)
    - Tools should be appropriate for the population and setting.
    - Refer to the RNAO Guideline, *Preventing Falls and Reducing Injury from Falls (3rd ed.)* (Appendix F - p. 92) for additional information on approaches and tools for assessing falls risk.
  4. Multifactorial assessments
    - Multifactorial assessments are one element of a comprehensive assessment. They include an in-depth

exploration of the multiple factors or conditions contributing to risk for falls and involve members of an interprofessional team.

- Multifactorial assessments are more commonly performed among persons who are at risk for falls in hospitals, long-term care homes and community dwellings for older adults.
- Consider a multifactorial assessment for older adults (65 years and older) who:
  - present to a health care provider or organization because of a fall;
  - have experienced recurrent falls in the past year; and
  - have abnormalities of gait and/or balance.

Other considerations:

- In hospital settings, focus multifactorial assessments on factors that can be “treated, improved or managed during their expected stay”.
- In community settings, discuss with the person and/or family/caregiver (as appropriate) whether a multifactorial risk assessment is necessary taking into consideration the person’s falls history, co-morbid medical conditions, and their personal values.

#### • Falls Risk Factors<sup>5</sup>

It is important for health care providers to identify individual risk factors and high-risk groups. Additional risk factors include:

##### **Socio-economic Risk Factors**

- Unable to afford supportive footwear
- Unable to read (e.g., instructions on medicine bottles)
- Unable to afford dental care
- No social supports/isolated
- Unable to afford certain medications, nutritious foods
- Unable to afford home repairs, grab bars etc.

##### **Health Conditions Associated with Increased Risk For Falls**

Ambulatory Adults:

- Neurological conditions
- Psychiatric Illness
- Chronic health condition (e.g., cancer, diabetes)
- Cognitive impairment
- Osteoarthritis
- Haemophilia
- Osteoporosis

#### • Factors Associated with Increased Risk of Fall Injury<sup>5</sup>

##### **Bleeding Risks**

- Haemophilia
- Anticoagulation therapy
- Liver or kidney disease (hemodialysis)
- Thrombocytopenia
- Antiplatelet therapy

##### **Fracture Risks**

- Renal bone disease (dialysis)
- Persons in long-term care/other settings with:
  - prior hip or spine fracture;
  - history of more than one fracture (other than hands, feet, or ankles);
  - recent use of systemic glucocorticoids and history of fracture; and
  - osteoporosis, osteopenia.

##### **Skin Integrity Risks**

- Skin tears due to fragile skin and shearing forces

#### • Considerations for Referrals<sup>5</sup>

Adults with recurrent falls, multiple risk factors, or complex needs may require a referral to a specialized health care provider or to the interprofessional team for further assessment and appropriate interventions.

- In some settings, a falls clinic comprised of an interprofessional team is available for at-risk adults.
- Some health care organizations may provide access to particular health care providers, such as a physiotherapist, physiatrist, dietician, pharmacist, gerontologist, neurologist, or other specialist. Additional examples include optometry, for visual disturbances; occupational therapy, to assess the person in their home; and social work, to assess the person’s ability to afford equipment to prevent falls.

#### • Exploring the Person’s Knowledge and Perceptions of Risk and Motivation to Address Risk<sup>5</sup>

Adults at risk for falls may not perceive themselves as “high risk” and may decline interventions.

- Assess the person’s subjective view of falls risk, including whether they are afraid of falling and how this

fear affects their life.

- Determine their level of motivation, degree of engagement, and underlying beliefs about particular interventions to ascertain what changes the person is willing to make to prevent falls.
- Motivational interviewing techniques may be used to gain an understanding of the person's understanding, perceptions, and motivation. For more information see <http://www.motivationalinterviewing.org>

• **Considerations when Developing a Plan for Fall Prevention and Injury Reduction<sup>5</sup>**

- Discuss options for interventions to prevent falls and fall injuries.
- Avoid overbearing or restrictive interventions.
- Promote a sense of control and self-management
- Respect the person's right to decline particular interventions.
- Develop an individualized plan in collaboration with the person (and family, if appropriate), considering the following:
  - the person's risk factors for falls and fall injury
  - the person's preferences
  - characteristics of the individual that may influence the success of interventions (e.g., cognitive ability)
  - language and culture
  - ability to access interventions—in terms of cost and geographical location

**References:**

1. International Council of Nurses. About ICNP®. Retrieved from <http://www.icn.ch/what-we-do/about-icnpr/>
2. Registered Nurses' Association of Ontario. (2017). *Preventing Falls and Reducing Injury from Falls* (4th ed.), Practice Recommendation 2.1. Toronto, ON: Author. Retrieved from [http://rno.ca/sites/rno-ca/files/bpg/Preventing\\_Falls\\_FINAL\\_WEB.pdf](http://rno.ca/sites/rno-ca/files/bpg/Preventing_Falls_FINAL_WEB.pdf)
3. Ibid, Practice Recommendation 1.1.
4. Ibid, Practice Recommendation 5.1.
5. Ibid, Practice Recommendation 1.2a, 1.2b & Appendix E (pp. 88-91).