

Fall Risk Nursing Care Plan

Patient Information and Assessment	
Name: Bran Stark	Age: 11
Date: Nov 12, 2023	
Brief Summary of Medical History encountered a fall from a roof, resulting in a broken leg. Currently reliant on a crutch for mobility. His overall health is stable, with no underlying medical conditions.	
Assessment Guide	
<ul style="list-style-type: none"> • Conduct comprehensive fall risk assessment using validated tools, including the Morse Fall Scale. • <i>Identify risk factors such as history of falls, impaired mobility, medication side effects, and environmental factors.</i> 	
Morse Fall Scale	
History of Falls: <ul style="list-style-type: none"> <input type="checkbox"/> No falls - 0 points <input checked="" type="checkbox"/> Falling once in the past three months - 10 points <input type="checkbox"/> More than once in the past three months - 25 points 	Ambulatory Aid: <ul style="list-style-type: none"> <input type="checkbox"/> Independent - 0 points <input type="checkbox"/> Ambulatory aid (cane, crutch, etc.) - 15 points <input checked="" type="checkbox"/> Partial weight-bearing - 30 points <input type="checkbox"/> Non-ambulatory - 40 points
Secondary Diagnosis: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No secondary diagnosis - 0 points <input type="checkbox"/> Any diagnosed condition - 15 points 	Gait: <ul style="list-style-type: none"> <input type="checkbox"/> Normal or mild impairment - 0 points <input checked="" type="checkbox"/> Weak, impaired, or absent - 15 points
Intravenous Therapy: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No intravenous therapy - 0 points <input type="checkbox"/> Hep-locked or saline lock - 20 points <input type="checkbox"/> Multiple intravenous medications - 25 points 	Mental Status: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Oriented to own ability - 0 points <input type="checkbox"/> Forgetful - 15 points <input type="checkbox"/> Confused - 30 points
Total Score: 55	

Morse Fall Scale Guide	
0-24	Low Risk
25-50	Moderate Risk
51 or more	High Risk

Fall Risk Diagnosis
<p>May include impaired mobility, history of falls, medication side effects, and environmental hazards. Please include any and all risk factors.</p> <p>Bran Stark has a moderate risk of falls. The impaired gait and reliance on a crutch contribute to his vulnerability.</p>
Goals
<ol style="list-style-type: none"> 1. Reduce the risk of falls within the next month by <u>30</u> %. 2. Improve patient's mobility and strength. <p>Additional goals: Support optimal healing of the broken leg and improve mobility. Educate Bran and his family on fall risks and preventive measures. Encourage consistent use of the crutch for mobility.</p>

Interventions

General Interventions:

- Implement bed alarms and encourage the use of call bell.
- Conduct hourly rounds to assist with toileting needs and mobility.
- Review and adjust medications to minimize side effects affecting balance.
- Provide mobility aids as necessary.

Additional Interventions Needed:

Conduct hands-on tutorials and reinforce the call bell system.
Schedule regular check-ins for assistance and encouragement.

Consider a pediatric physical therapy consultation to further enhance mobility and strength.

Applied Interventions and Results

1. Bed alarms set during sleep, and Bran educated on using the call bell. Hands-on tutorials conducted, and the call bell system reinforced.

Environmental Modifications

General Guide:

- **Lighting:**

- Ensure adequate lighting in all areas, especially corridors and bathrooms.
- Install motion-sensor lights to illuminate pathways during nighttime.
- Encourage the use of nightlights in the patient's room.

- **Flooring:**

- Use non-slip flooring or add non-slip mats in high-risk areas.
- Repair or replace any damaged flooring promptly.
- Eliminate or secure rugs that could cause tripping.

- **Handrails and Grab Bars:**

- Install handrails along corridors and stairways.
- Place grab bars in bathrooms and near the bed for support during transfers.

- **Furniture Arrangement:**

- Ensure furniture is arranged to provide clear pathways.
- Remove clutter to reduce the risk of tripping.

- **Footwear:**

- Encourage the use of non-skid, well-fitting footwear.
- Regularly assess and replace worn-out or slippery shoes.

- **Assistive Devices:**

- Provide and encourage the use of mobility aids like walkers or canes.
- Ensure these devices are in good condition and properly adjusted.

Additional necessary modifications:

Collaborate with the school admin to arrange Bran's classroom to accommodate his crutch and facilitate easy movement. Ask teachers to let him go out to next class five minutes early to avoid crowded hallways.

Coordinate with the school transportation department to ensure Bran's safe entry and exit from the school bus.

Monitoring and Evaluation:

General guide for monitoring and evaluation:

- Regularly assess and document the patient's fall risk status.
- Review and update the care plan as needed based on patient progress

Additional Notes for Monitoring and Evaluation:

Collaborate with school nurse; establish a communication protocol for sharing real-time updates between school and home caregivers.

Regularly communicate with Bran's teachers to gather insights on his participation and movement within the classroom.

Communication and Patient Education

- Openly communicate with the team about any changes in the patient's condition.
- Document all interventions, patient responses, and outcomes accurately.
- Educate patient and family on fall risks, prevention strategies, and environmental modifications.
- Emphasize the importance of using assistive devices and calling for assistance.

Additional Notes for Communication and Patient Education:

Write contact persons, contact details, schedules, and other notes here.

Primary Contact: Mrs. Catelyn Stark, mother (mrs.stark@email.com), 555 9876

Emergency Contact: Nurse Lysa, school nurse (Lysa.school@email.com), 555 1111

Emergency Contact: Arya, sister (noface.arya@email.com)

Contact family any time. Relay updates through mom. Bran responds positively to visual aids

Follow-Up

- Schedule regular follow-up assessments to reassess fall risk.
- Adjust the care plan based on the patient's evolving needs.

Follow-Up Schedule:

Follow up twice a week, Wednesday 1 PM and Sunday 7 AM. Consider reducing when Bran's fall risk lowers

Additional Notes for Care Team

Nurse-in-Charge: RN Lily

Physical Therapist: PT Sam

School Nurse: Nurse Lysa

Bran's mother is the key point of contact; coordinate through her.

Bran may be shy initially; use a friendly approach to establish rapport.

Place visual alerts on Bran's chart for easy identification of fall risk status.