

Risk for Fall Nursing Care Plan

Patient Information and Assessment	
Name: James Moriarty	Age: 68
Date: Nov 10, 2023	
Brief Summary of Medical History James Moriarty, 68, dealing with hypertension, type 2 diabetes, has had a heart attack. Fell twice last year	
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 type="checkbox"/> Falling once in the past three months - 10 points <input checked="" 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 type="checkbox"/> No secondary diagnosis - 0 points <input checked="" 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: 85	

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>James Moriarty's fall risk is pegged as high, owing to a history of two recent falls, exacerbated by mild osteoarthritis affecting his walk and occasional dizziness from medications. At 68, he battles hypertension, type 2 diabetes, and a previous myocardial infarction, all adding layers to his fall vulnerability. The intricate interplay of these factors demands a focused care plan, incorporating medication adjustments, mobility aids, and home environment modifications to mitigate the risk of future falls. Close monitoring and collaboration with the healthcare team are crucial elements in ensuring James's safety and well-being.</p>
Goals
<ol style="list-style-type: none"> 1. Reduce the risk of falls within the next month by <u>80</u> %. 2. Improve patient's mobility and strength. <p>Additional goals: Nail down blood pressure control in three months. Tame blood sugar levels – meds and lifestyle. Make sure he's sticking to meds to dodge dizziness. Handle arthritis pain. Keep his heart healthy – lifestyle tweaks and pills.</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:

Consider physical therapy consultation to further enhance mobility and strength.

Applied Interventions and Results

1. Bed alarms and call bell implemented; James educated on usage.
2. Hourly rounds initiated, contributing to improved toileting assistance and enhanced mobility.
3. Medication review completed; adjustments made to reduce dizziness.
4. Canes provided, improving James's stability during ambulation.
5. Physical therapy consultation to be scheduled

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:

1. Install a raised toilet seat for ease of use.
2. Consider a shower chair or bench for added stability during bathing.
3. Place a bedside commode for convenient toileting at night.
4. Optimize room layout for easy access to essential things.

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:

Encourage feedback from James and his family regarding the effectiveness of implemented interventions.

Document any changes in mobility, gait, or overall health that may impact fall risk.

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: James's daughter, Sarah Moriarty - 555-1234, sarah.m@email.com

Can call anytime for any changes in James's status

Emergency Contact: Mrs. Jackson - 555-4321, m.jackson@email.com

Mrs. Jackson said not to call after 7 if not for accidents or emergencies

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 two times a week every Tuesday 10 AM and Saturday 8 AM. Consider reducing once James's fall risk is reduced

Additional Notes for Care Team

Nurse-in-Charge: RN Emma

Physical Therapist: PT Alex

Pharmacy Liaison: PharmD Taylor

Quick huddle at shift change – shout out anything new on James.

James prefers short chats during care; keep it snappy. He nods a lot – good sign; adjust speech accordingly.

Highlight fall risks in red on the board; can't miss it.