



Section	Psychiatric Health Facility (PHF)	Effective:	DRAFT
Sub-section	Nursing	Version:	1.0
Policy	Fall Risk	Last Revised:	New Policy
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	New Policy	Audit Date:	DRAFT

1. PURPOSE/SCOPE

- 1.1. To identify fall risk among patients admitted to the Santa Barbara County Psychiatric Health Facility (hereafter "PHF") and coordinate appropriate care.

2. POLICY

- 2.1. PHF staff shall assess a patient's level of risk using an evidence-based fall risk assessment tool. Registered Nurses (RNs) will conduct fall re-assessments at least once a shift.

3. DEFINITIONS

- 3.1. **Fall** – an event that results in the patient or any part of the patient's body coming to rest inadvertently on the floor or other surface lower than the patient's body.

4. IDENTIFYING AND MONITORING FALL RISK

- 4.1. At admission, as part of each patient's Nursing Admission Assessment, the patient shall be assessed for fall risk using the Edmonson Psychiatric Fall Risk Assessment, an evidence-based fall risk assessment tool developed specifically for use in acute psychiatric facilities (see Attachment A).
- 4.2. During routine monitoring (15-minute rounds or more frequent, depending on the patient's level of observation), patients will be observed for new or increased fall risk. Fall risk will be documented as outlined in the "Level of Observation" policy¹, and

¹ Please refer to the "Level of Observation" policy for further details.

communicated during shift change, Treatment Team Meetings and Treatment Planning Meetings. Risk factors include the following:

1. Use of medications known to cause dizziness, including psychotropic medications
2. History of falls
3. Recent seizure
4. Recent sleep disturbance
5. Non-independent elimination
6. Agitation or disorientation
7. Unstable gait
8. Insufficient nutrition
9. Age over 50 years; highest risk associated with age over 80 years

5. CARE FOR PATIENTS AT RISK OF FALLING

- 5.1. Every patient at the PHF shall have a treatment plan specifically tailored to his/her care needs. After a patient is identified and assessed for fall risk, assessment findings will be incorporated into his/her treatment plan to document risk factors and the course of treatment planned to mitigate risks.
- 5.2. A patient identified as at risk of falling will be assigned a heightened level of observation, as per the “Level of Observation” policy.
- 5.3. The patient may be assigned a room closest to the Nurse’s Station.
- 5.4. The patient may be provided nonskid slippers or similar fall-prevention footwear.
- 5.5. When a patient has a doctor’s order to use a walker or other ambulatory assistive device, PHF staff will encourage consistent and correct use of this device.

ATTACHMENTS

Attachment A – “Fall Risk Assessment,” section excerpt from the “Santa Barbara County Department of Behavioral Wellness Psychiatric Health Facility Nursing Admission Assessment”

REFERENCES

“Evidence-Based Guidelines for Selected Hospital-Acquired Conditions: Final Report,” Centers of Medicare & Medicaid Services, 2016

RELATED POLICIES

Level of Observation Policy

Acuity Staffing Policy

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).