


Go-Live Poster



July 22, 2021
Thursday

Northwell System

FALL Prevention & Bladder Scan



- **Fall Prevention Policy** PCS.1619
 - New Meditech Interventions*
 - **FALL/HARM Risk Assessment**
 - **Assess Patient Safety** (Prevention interventions)
 - **Patient Bands** (FALL RISK wristband)
 - New Products*
 - **YELLOW FALL RISK** wristbands
 - **RED** non-skid SOCKS → Fall w/ Harm Risk
- **Bladder Volume Ultrasound Policy (Adult)** PCS.1608
 - The bladder ultrasound can be performed by Physicians, Physician Assistants (PA), Nurse Practitioners (NP), **Registered Nurses (RN)** and **Licensed Practical Nurses (LPN)** who have received training and have demonstrated competency in the use of the instrument.
 - A **provider order is not required**.

Practice at Phelps

- PCA's (NT) can no longer perform Bladder Scans.
- An algorithm provides guidelines for patients who **DO NOT have provider order** or written parameters. Attachment B
- **Provider Orders ALWAYS supersede guideline parameters.**

Refer to the Education Program in iLearn

07/16/2021CY



1. Fall/Harm Risk Assessment

FALL RISK ASSESSMENT	
Type of Assessment	<input type="radio"/> Admission <input type="radio"/> Shift Assessment <input type="radio"/> Need for Reassessment <input type="radio"/> Different level of care
1a. Assist needed to stand, walk , or toilet?	<input type="radio"/> Yes <input type="radio"/> No No: Universal *Yes: FALL RISK
1b. Attempts to get out of bed/chair unassisted?	<input type="radio"/> Yes <input type="radio"/> No No: Universal *Yes: FALL RISK
2. Fall in last 6 months or during this admission?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> This Admission <input type="checkbox"/> Last 6 months <input type="checkbox"/> Unable to Determine No: Universal *Yes: FALL RISK
3. Are the Harm Risk Factors based on your nursing judgment?	<input type="radio"/> Yes <input type="radio"/> No No: Universal &/or Fall Risk **Yes: FALL w/ HARM RISK SEE GUIDE BELOW
HARM RISK Assessment Guide	<input type="checkbox"/> Age <input type="checkbox"/> Bones <input type="checkbox"/> Coagulation <input type="checkbox"/> Surgery HARM RISK ASSESSMENT GUIDE AGE: Is the patient 85 years old or older? BONES: Does the patient have a bone condition, including osteoporosis, a previous fracture, prolonged steroid use or metastatic bone cancer? COAGULATION: Is the patient on anticoagulation therapy or have a bleeding disorder or underlying condition? SURGERY: Patient who had a recent lower limb amputation, major abdominal surgery, thoracic surgery or craniotomy
HARM RISK Assessment (OTHER)	<input type="text"/>
Fall Risk Conclusion	<input type="radio"/> UNIVERSAL <input type="radio"/> *FALL RISK <input type="radio"/> **FALL W/ HARM RISK UNIVERSAL: ALL PATIENTS * FALL RISK' YES to 1a or 1b or 2 : The patient needs assistance with standing, walking or toileting, moving from bed to chair; or attempts to climb out of bed or chair unassisted when assistance is needed or has fallen in the past 6 months (or this admission). ** FALL RISK W/ HARM ' YES to 1a or 1b, or 2 and YES to 3: The patient has HARM RISK factors according to HARM RISK ASSESSMENT GUIDE.
ADMISSION: FALL PREVENTION VIDEO	
Patient instructed to watch fall prevention video	<input type="radio"/> Yes <input type="radio"/> No Comment <input type="text"/> If No, explain why patient not instructed to watch video (i.e., patient condition/confused/unresponsive).

SAFETY INTERVENTIONS	
UNIVERSAL Safety Interventions - ALL Pts	<input type="radio"/> UNIV Safety Maintained <hr/> 1. Orient to call system 2. Instructed patient to call for assistance before getting OOB or chair 3. Hourly rounding 4. Non-slip footwear when patient is out of bed 5. Call bell, personal items and telephone in reach 6. Physically safe environment -no spills, clutter or unnecessary equipment 7. Bed in lowest position, wheels locked, appropriate side rails in place 8. Room/bathroom lighting operational, light cord in reach
FALL RISK Interventions	<input type="radio"/> *FALL RISK Maintained <hr/> 1. Universal Safety Interventions (1-8 above) 2. Provide visual cue: YELLOW Wrist Band 3. Monitor for mental status changes and reorient to person, place and time as needed 4. Monitor gait and stability 5. Review medications for side effects contributing to fall risk 6. Reinforce activity limits and safety measures with patient and family 7. Assistance with ambulation if patient has unsteady gait or IV or equipment
ADDITIONAL FALL RISK Interventions Based on Patient Needs	<input type="checkbox"/> Use of Alarms <input type="checkbox"/> PT consult <input type="checkbox"/> Toilet arm reach - BSC/BR <input type="checkbox"/> Move pt near nur station <input type="checkbox"/> Assistance OOBw/SPH equip <input type="checkbox"/> Orthostatic Vital Signs <input type="checkbox"/> Telesitter/Video Monitor
FALL W/ HARM RISK Interventions	<input type="radio"/> **FALL w/ HARM Maintained <hr/> 1. Universal Safety Interventions (1-8) 2. Fall Risk Interventions (1-7) 3. Any Additional Fall Risk Interventions based on the patients' needs 4. Visual Cue: Yellow Wrist Band & RED Socks 5. Communicate Fall Risk and Risk Factors with all staff 6. Orthostatic Vital Signs 7. Use of Alarms 8. Toileting Schedule using arm's reach rule for commode and bathroom 9. Assistance OOB with selected Safe Patient Handling equipment 10. Provide patient with walking aids - walker, cane, crutches 11. Other (Comment above for "Other")
EDUCATION of Fall Prevention Interventions (FPI)	<input type="checkbox"/> Educ. Pt/Fam w/ Teachback <input type="checkbox"/> Pt/Fam confirm FPI <input type="checkbox"/> Unable to Comprehend <input type="checkbox"/> Patient Refuses

2. Assess Patient Safety

IDENTIFICATION	
Patient Wristbands in Place	<input type="checkbox"/> Patient ID Band <input type="checkbox"/> Yellow FALL RISK <input type="checkbox"/> Blue-Do Not Resuscitate <input type="checkbox"/> Pink-Do Not Use Extremity <input type="checkbox"/> Orange-Midline <input type="checkbox"/> Other
Other Wristbands	
PRECAUTIONS	
Room/Surroundings Information	<div> <input type="checkbox"/> Call Light <input type="checkbox"/> Bed <input type="checkbox"/> Stretcher </div> <div> <input type="checkbox"/> TV <input type="checkbox"/> Bathroom <input type="checkbox"/> Smoking Policy </div> <div> <input type="checkbox"/> Visiting Hours <input type="checkbox"/> Routine <input type="checkbox"/> Admission Packet </div> <div> <input type="checkbox"/> Caregiver <input type="checkbox"/> Phone <input type="checkbox"/> Age Approp. Supervision </div>
Call Bell Within Reach	<input type="radio"/> Yes <input type="radio"/> No
Bed Position	<div> <input type="checkbox"/> Low <input type="checkbox"/> Wheels Locked <input type="checkbox"/> 2 Side Rails </div> <div> <input type="checkbox"/> 3 Side Rails Up <input type="checkbox"/> 1 Side Rail Up </div>
PREVENTIVE MEASURES	
Preventive Measures Used	<div> <input type="checkbox"/> Reorientation <input type="checkbox"/> Monitor Labs <input type="checkbox"/> Bed Alarm </div> <div> <input type="checkbox"/> Glasses within Reach <input type="checkbox"/> Review Medications <input type="checkbox"/> Chair Alarm </div> <div> <input type="checkbox"/> Hearing Aids within Reach <input type="checkbox"/> Frequent Toileting <input type="checkbox"/> Telesitter/Video Monitor </div> <div> <input type="checkbox"/> Purposeful Rounding <input type="checkbox"/> Reinforce Activity Limits <input type="checkbox"/> Sitter </div> <div> <input type="checkbox"/> RED Slipper Socks <input type="checkbox"/> Adjust Lighting <input type="checkbox"/> Pt.Near Nurses Station </div> <div> <input type="checkbox"/> Abdominal Binder </div>
Preventive Measures Comment	

Patient Wristbands in Place

- Patient ID Band
- Yellow FALL RISK
- Orange-Midline

Room/Surroundings Information

- Call Light
- Bed
- TV
- Bathroom
- Visiting Hours
- Routine
- Caregiver
- Phone
- Age Approp. Supervision

Call Bell Within Reach

- Yes

Bed Position

- Low
- Wheels Locked
- 2 Side Rails

Preventive Measures Used

- Reorientation
- Monitor Labs
- Bed Alarm
- Glasses within Reach
- Review Medications
- Telesitter/Video Monitor
- Purposeful Rounding
- RED Slipper Socks
- Adjust Lighting

3. Patient Bands

ID BANDS	
Patient Wristbands in Place	<input type="checkbox"/> Patient ID Band <input type="checkbox"/> Yellow FALL RISK <input type="checkbox"/> Blue-Do Not Resuscitate <input type="checkbox"/> Pink-Do Not Use Extremity <input type="checkbox"/> Orange-Midline <input type="checkbox"/> Other
Other Wristbands	