# Child Health Falls Prevention and Treatment Guideline

<table>
<thead>
<tr>
<th>1.0</th>
<th>PURPOSE AND INTENT</th>
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<tbody>
<tr>
<td>1.1</td>
<td>To describe the practices that all staff follow that help minimize fall risks for patients seen in both in-patient and out-patient departments in the WRHA Child Health Program.</td>
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<tr>
<th>2.0</th>
<th>PRACTICE OUTCOME</th>
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<td>2.1</td>
<td>To minimize developmentally inappropriate falls and any injury from falls.</td>
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<tr>
<th>3.0</th>
<th>DEFINITIONS</th>
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<tr>
<td>3.1</td>
<td>Fall - an unexpected event where a person comes to rest on the ground, object, or a lower level with or without injury.</td>
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<td>3.2</td>
<td>Fall Risk Factors: variables that may contribute to falls or increase risk for falls, for example developmental age, environment, medication and diagnosis.</td>
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<thead>
<tr>
<th>4.0</th>
<th>GUIDELINES</th>
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<tr>
<td>4.1</td>
<td>Assess patient using the Pediatric Patient Handling and Movement form (NS01188) for risk factors with mobility and transferring of the patient. Implement appropriate care plan. See Appendix A for additional fall risk factors to consider.</td>
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<tr>
<td>4.1.1</td>
<td>Complete and post the pediatric patient handling and movement sign (NS01189) at the bedside or designated spot</td>
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<td>4.2</td>
<td>Educate the patient and families about risks for fall while in hospital and what they can do to minimize these risks. Note: For outpatient clinical environments strategies can include posters or digital screen messaging and for inpatient clinical environments see “Safety in Hospital. How Families Can Help” pamphlet.</td>
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<td>4.2.1</td>
<td>Confirm availability of well-fitting nonskid footwear</td>
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<td>4.2.2</td>
<td>If hospital clothing is too big for patient, (example pants are too long), encourage family to bring in patient’s clothing from home.</td>
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<tr>
<td>4.2</td>
<td>Universal Fall Precautions –see Appendix A for a list of precautions. Note: this list is subject to periodic review and may not be inclusive to all precautions applicable to your clinical area.</td>
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<td>4.3</td>
<td>Orientate patient and family to hospital surroundings, bathroom and how to use the call bell</td>
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<td>4.4</td>
<td>Keep environment clear of hazards and clutter, remove unnecessary equipment from patient care environment.</td>
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<td>4.5</td>
<td>Minimum hourly checks on patient, with proactive assessments of patient needs such as elimination, nutrition and pain relief.</td>
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<tr>
<td>4.6</td>
<td>Assess need for additional lighting at night with patient and family</td>
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4.7 Disconnect patient from medical equipment or tubing as soon as possible. While needed, secure tubing or cables through clothing or with burn netting, reduce tubing length and saline lock IVs.

4.8 Keep crib side rails and stretcher side rails in the uppermost position when patients are left unattended in the crib or stretcher.

4.8.1 Exception: patients receiving intensive care who meet all three of the following criteria:
- are unconscious,
- require very frequent care with which rails would interfere,
- for whom the nurse or physician assesses there is no risk of fall if rails are left down.

4.9 Place bed in the lowest position. If child is unattended lower side rails.

4.9.1 Assess need for bed side rails for unattended children who independently climb out of bed. Document rationale for using bed side rails for the unattended child in patient health record. Consider the need for a constant attendant if bed rails are required and the child demonstrates risk for climbing over the rails.

4.9.2 In some cases a bed may be pushed up against a wall.

4.10 Infants and young children on examining table or other elevated surfaces should be attended at all times.

4.10.1 Operating room: Remain at patient’s side until patient safely anesthetized, positioned and secured on operating room bed. ORNAC, 2015, Std. 3.2.4

4.10.2 When appropriate, caregivers are cautioned regarding the risk of leaving young children unattended on examining table or other elevated surfaces.

4.11 Place children less than three years in a crib.

4.11.1 Exception: A bassinette, isolette™ (infant incubator), and radiant bed warmer bed are appropriate alternate sleeping surfaces for neonates in some clinical situations, e.g. phototherapy.

4.12 Fully engage crib canopies for all infants/children in cribs who may be capable of climbing or pulling themselves to a standing position.

4.12.1 Exception: When patient is under constant attendance in PICU, NICU, PSCU, and monitored rooms.

4.12.2 Exception: Canopies are removed for emergency care.

4.13 Place infant alone in a crib to sleep. Infants and young children are not to share a bed or other sleeping surface (chair, sofa, stretcher, cot) with a sleeping adult.


4.13.2 If a caregiver does not comply with this, ask parent to sign the “Refusal of Treatment Form”, acknowledging that the parent has been made aware of the risks. See WHRA 110.000.310 Bed Sharing Infant Child Parent for instructions on completing refusal of treatment form.

http://home.wrha.mb.ca/corp/policy/files/110.000.310.pdf
4.14 Remove unsupervised sleeping infants and small children from strollers, car seats, seating devices, playpens or swings to a more appropriate and safe environment for sleep.

4.15 Secure infants and children in a stroller with a safety belt. Use age and developmentally appropriate restraints.

4.16 Use a carriage for transportation only if the infant/child is incapable of climbing or pulling themselves to a sitting position.

4.17 Position stretcher and bed side rails in uppermost position when transporting a patient. Walk alongside the patient and consider alternate transportation if the patient will not remain recumbent during transport on a stretcher or bed.

4.18 Transport infant/child off the unit in a stroller, carriage or a wheelchair. Younger patients may be held by a caregiver while the caregiver is pushed in a wheelchair. Staff should not carry patients to transport them.

4.18.1 Exception: caregivers who prefer to carry their infant/child; older children who prefer to walk.

4.18.2 Exception: Operating Room, when it is necessary for a nurse to carry a child into the operating room.

5.0 DOCUMENTATION

5.1 Document fall and post management actions in the medical record. See Appendix B for post fall assessment and management algorithm and WRHA Entries into the Health Records 70.00.060 http://home.wrha.mb.ca/corp/policy/files/75.00.060.pdf

6.0 PRIMARY AUTHORS

Child Health Nurse Educators
WRHA Child Health Quality Officer
Child Health Clinical Resource Nurses

7.0 REFERENCES

6.1 Accreditation Canada. Required Organizational Practices Handbook 2017


APPENDIX A

Fall Risk Factors:

- **Developmental age or cognition**, are they learning to walk, run or climb, recent changes in mentation, confusion, restlessness and those with higher activity level or impulsivity.
- **Mobility impairment** for example – muscle weakness or unusual muscle tone and gait disturbance that can impact balance and coordination, use of assistive devices or transfer aids.
- **Diagnosis** – neurological diagnoses that can effect level of consciousness for example seizures, gastrointestinal illnesses that can increase urgency to use the bathroom, lead to dehydration, respiratory illnesses that can impact level of consciousness
- **Medication** – any medication that has sedative side effects, for example pain medication, seizure meds and anesthetics (can affect ambulation and coordination for up to 48 hours).

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**Pediatric Universal Falls Precautions**

Preventative strategies need to be linked with developmental assessment of the child and engagement of the caregivers.

- Orientate patient and family to hospital surroundings, bathroom and how to use the call bell and crib or bed side rails
- Keep crib side rails and stretcher side rails in the uppermost position when patients are left unattended in the crib or stretcher.
- Place bed in the lowest position. If child is unattended lower side rails
- Ensure brakes are locked on bed and crib
- Keep environment clear of hazards and clutter, remove unnecessary equipment from patient care environment
- Secure infants and children in a stroller or wheelchair with a safety belt
- Minimum hourly checks on patient, with proactive assessments of patient needs such as elimination, nutrition and pain relief
- Assess need for additional lighting at night with patient and family
- Disconnect patient from medical equipment or tubing as soon as possible. While needed, secure tubing or cables through clothing or with burn netting, reduce tubing length and saline lock IVs
- Infants and young children on examining table or other elevated surfaces should be attended at all times
APPENDIX B – Post Fall Assessment and Management Algorithm

**Patient Fall has occurred:**
- Call for help if needed
- Note position of patient and surrounding environment
- Assess for pain, decreased sensation or numbness, airway, breathing, circulation and level of consciousness

**Injury has occurred:**
Assess for degree of injury before moving the patient
- Suspected minor injuries include:
  - Skin lacerations, bruising, broken bones of the toes or fingers
- Suspected major injuries include:
  - Head injury, loss of consciousness
  - Large bone fracture like leg or arm.

- Take vital signs, for head injuries include neurovitals
- Major fractures need to be stabilized and immobilized prior to moving patient
- Determine if injuries need to be attended to before or after recovery

**Can the patient get up from their fall on their own?**
**Follow WRHA safe patient handling and movement manual**

- Yes – independently
  - Into wheel chair or bed
- No – total assistance needed
  - Mechanical lift
  - Sliders and spinal board
  - Determine number of staff required to safely lift patient

**NOTIFY**
- Patient’s service, program team manager or supervisor and the patient’s caregivers

**DOCUMENT**
- IPN and RL6 report

**FOLLOW UP**
- Post fall safety huddle to discuss, debrief and determine if care plan need to be changed/implemented.
- Ongoing monitoring of status

**Post Falls Algorithm:**
- **Assessment**
- **Injury Management**
- **Recovery from Position of Fall**
- **Communication**