



Prince Sultan Military Medical City

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Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-03-026 Version No: 08		
Title: Fall Prevention and Management		JCI Code: IPSG		
Supersedes: 1-1-8062-03-026 Version No.07;25 January 2021	Issue Date:	Effective Date: 26 OCT 2023	Revision Date: 25 OCT 2026	Page 1 of 16

1. PURPOSE

- 1.1. To identify patients who are at risk for falling and to outline strategies in assessment, prevention, and management of the risk of falls.
- 1.2. To develop patient specific / individualized plans of care to reduce falls and fall related injuries.

2. SCOPE

All staff involved in the care of patients must participate in the prevention of patient falls.

3. DEFINITIONS

- 3.1. **Fall** – An unplanned descent to the floor with or without injury to the patient. Include falls when a patient lands on a surface where you would not expect to find a patient. All types of falls are included, whether they result from physiological reasons (fainting) or environmental reasons (slippery fall), or assisted falls, when another person attempts to minimize the impact of the fall by assisting the patient's descent to the floor. Fall with Injury is defined as NDNQI criteria.
- 3.2. **Infant fall** – is a fall in which a newborn, infant, or child being held or carried by a healthcare professional, patient, family member, or visitor, falls or slips from that person's hands, arms, lap, etc. and can occur when a child is being transferred from one person to another.
- 3.3. **Morse Fall Scale (MFS)** – is a fall risk assessment tool that predicts the likelihood of an adult patients' falling so that preventive strategies and resources may be targeted to prevent falls in the patients most likely to fall.
- 3.4. **Humpty Dumpty Fall Assessment (HDFA)** – is a tool that can help to predict the likelihood of a pediatric patient fall.
- 3.5. **Maternal Fall Risk Assessment** based on the Fall Risk Assessment for Perinatal Patients (FRAPP).



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4. APPLICABILITY

4.1. Patient population:

4.1.1. All inpatients

4.1.2. Outpatients attending the following “at Risk of Fall” clinics / services:

4.1.2.1. Emergency Department

4.1.2.2. Occupational Therapy and Physiotherapy

4.1.2.3. Dialysis

4.1.2.4. Chemotherapy Day Unit

4.1.2.5. Radiotherapy

4.1.2.6. Obstetrics Assessment Unit (OAU)

4.1.2.7. Labor Ward

4.1.2.8. Patients undergoing outpatient procedures that involved anesthesia moderate to deep sedation, i.e.:

4.1.2.8.1. Endoscopy

4.1.2.8.2. Cardiac Catheterization

4.1.2.8.3. Day Case Surgery

4.1.2.8.4. Radiodiagnostics and Medical Imaging

4.1.2.8.5. Dental

4.1.2.8.6. In Vitro Fertilization Unit (IVF)

4.1.2.9. Patients arriving from long term care facilities by ambulance for outpatient procedures.

4.1.2.10. Patients with gait or balance disturbances

4.1.2.11. Patients with visual impairments

4.1.2.12. Pediatric patients under the age of two (2).

4.2. Executive Nursing Affairs

4.3. Medical Department

4.4. Rehabilitation, Occupational Therapy and Physiotherapy Department



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5. POLICY

5.1. The admitting healthcare providers (such as Registered Nurse, Registered Midwife, Dialysis Technician, OT/PT, etc.) will screen the patient for potential fall risk and implement preventive measures.

5.2. Assess each patient's risk for falling, including potential risk associated with the patient's medication regime, and take action to address the identified risks.

5.3. Patients assessed to be "At Risk" for falls shall have the applicable and population specific, fall risk score/level.

5.4. Inpatients

5.4.1. All patients must be assessed and re-assessed routinely for "fall risk" to determine the ongoing need for fall prevention precautions when any of the following:

5.4.1.1. At the time of admission / transfer

5.4.1.2. Every shift thereafter

5.4.1.3. Transfer from one unit to another within the facility

5.4.1.4. Any change of status including but not limited to post-surgical procedure, post anesthetics and post sedation.

5.4.1.5. Following a fall

5.4.2. The fall risk assessment tool that shall be used will be determined by the patient's age:

5.4.2.1. Adults (>14 years):

Morse Fall Scale (Appendix 1 Fall Risk Assessment Tool - Adult Morse Fall Scale)

5.4.2.2. Children (1 month to 14 years old):

Humpty Dumpty Scale (Appendix 2 Falls Assessment Tool Paediatric Humpty Dumpty Scale)

5.4.2.3. Obstetric patients:

Maternal Fall Risk Assessment (Appendix 3 Fall Risk Assessments for Obstetric Patients)



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5.4.3. Those patients assessed to be at risk for falls are placed under Fall Prevention Precautions and a Fall Prevention Intervention for **Low/Moderate to High Risk** is implemented and documented on the :

5.4.3.1. For Non-Critical Care Inpatient Units:

- 5.4.3.1.1. Adult Inpatient Nurses' Rounding & Observation Sheet (Stock No. 7540-760-5213, MSD-NUR.F38).
- 5.4.3.1.2. Pediatric Inpatient-Nurses' Rounding & Observation Sheet (Stock No. 7540-760-5214, MSD-NUR.F39).
- 5.4.3.1.3. Maternal/OB Inpatient-Nurses' Rounding & Observation Sheet (Stock No. 7540-760-5230, MSD-NUR.F54).

5.4.3.2. For Non- Inpatient Areas whenever needed:

- 5.4.3.2.1. Falls Prevention Interventions Checklist for Adult (Appendix 4)
- 5.4.3.2.2. Falls Prevention Interventions Checklist for Pediatrics (Appendix 5)

5.4.4. **For adult patients identified as moderate to high risk of fall** shall be fitted with **yellow identification band printed with “FALL RISK”** and fall risk icon in RABET system.

5.4.5. **For pediatric patients ages 3 months to 14 years old identified, as high risk of fall** shall be fitted with **yellow identification band printed with “FALL RISK”** and fall risk icon in RABET system.

5.4.6. **For infants 1 to 3 months, identified as high risk of fall.**

5.4.7. **Newborn falls (neonates 0 to 28 days)** is high risk to be accidentally dropped to hospital floor, either as a result of environmental factors or as a result of errors in judgment of the hospital staff or caregiver.

5.4.7.1. Situations where newborn falls occur:

- 5.4.7.1.1. During delivery – In fast vaginal deliveries (compounded by a large volume of blood and fluid) there is a risk that the baby



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may slip through the hands of the health professional assisting the delivery of the baby;

- 5.4.7.1.2. During transport – Either in the arms of someone who may trip and fall themselves; or during transport in an unsecured cot or an unharnessed baby buggy on an unsteady surface (e.g. entering a lift, on a ramp);
- 5.4.7.1.3. The post-partum period – When exhausted mothers (especially from high-risk groups) are at risk of falling asleep cradling their newborn.
- 5.4.7.1.4. During handling of newborn (e.g. care, examination and procedure)

5.5. Outpatients

- 5.5.1. All patients seen in special ambulatory setting for any consultation and procedures are considered as **High Risk** for fall and **appropriate interventions are to be implemented**, i.e.,

- 5.5.1.1. Emergency Department
- 5.5.1.2. All patients arriving from long term care facilities by ambulance for outpatient procedures
- 5.5.1.3. Endoscopy
- 5.5.1.4. Patients scheduled for outpatient surgery/procedure involving sedation or anesthesia
- 5.5.1.5. Patients with gait or balance disturbances
- 5.5.1.6. Patients with visual impairments
- 5.5.1.7. Pediatric patients under the age of two (2)
- 5.5.1.8. Dialysis
- 5.5.1.9. Chemotherapy Day unit
- 5.5.1.10. Radiotherapy
- 5.5.1.11. Cardiac Catheterization
- 5.5.1.12. Occupational Therapy



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- 5.5.1.13. Physiotherapy
- 5.5.1.14. Obstetrics Assessment Unit (OAU)
- 5.5.1.15. Labor Ward
- 5.5.1.16. In Vitro Fertilization Unit (IVF)

- 5.5.2. **All outpatients in another ambulatory setting** will be screened for fall risk at the time of each visit at the point of Registration.
- 5.5.3. Patients will be screened for risk for falls by observing the patient's ability to stand and walk on their own and through interview utilizing the following questions:
 - 5.5.3.1. Do you have trouble standing?
 - 5.5.3.2. Do you have trouble walking on your own?
 - 5.5.3.3. Do you have trouble dressing or undressing yourself? (For those areas that require hospital gown for examination).
 - 5.5.3.4. Do you currently use a wheelchair, walker, cane, or anything else to help you walk?
- 5.5.4. Interventions to reduce fall risk are implemented in situations and locations in the outpatient department(s) assessed to be a risk for falls. (refer to **Outpatient Falls Prevention Interventions Checklist**)
- 5.6. All staff members are to be involved with identifying and reporting potential safety concerns.
- 5.7. Patient and family education will be the responsibility of the healthcare providers in order to promote basic safety measures and fall prevention guidelines to ensure a safe environment.
- 5.8. Forms of fall risk assessment tool shall be utilized during downtime as per the RABET System downtime policy – EHR (MODHS-PP-CTT-003-01).



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6. PROCEDURES

6.1. ASSESSMENT:

- 6.1.1. An assessment must be carried out by the admitting healthcare providers (such as Registered Nurse, Registered Midwife, Dialysis Technician, OT/PT, etc.) utilizing the electronic health record documentation (RABET system)
- 6.1.2. Adult patients (>14 years old) are assessed upon admission for fall risk using the Morse Fall Risk Assessment criteria. (Falls Assessment Tool (Adult) Morse Fall Scale (MSD Stock # 7540-760-5113).
 - 6.1.2.1. The fall risk score is based on the following criteria:
 - 6.1.2.1.1. History of fall
 - 6.1.2.1.2. Secondary diagnosis
 - 6.1.2.1.3. Ambulatory aid
 - 6.1.2.1.4. IV or IV access
 - 6.1.2.1.5. Gait
 - 6.1.2.1.6. Mental status
- 6.1.3. Pediatric patients (1 month to 14 years old) shall be assessed upon admission for fall risk using the Humpty Dumpty Scale utilizing the electronic health record documentation (RABET system).
 - 6.1.3.1. The fall risk score is based on the following criteria:
 - 6.1.3.1.1. Age
 - 6.1.3.1.2. Gender
 - 6.1.3.1.3. Diagnosis
 - 6.1.3.1.4. Cognitive impairment
 - 6.1.3.1.5. Environmental factors
 - 6.1.3.1.6. Response to surgery / sedation / anesthesia
 - 6.1.3.1.7. Medication usage
- 6.1.4. Neonate patients (0 to 28 days)



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6.1.4.1. Healthcare providers are responsible for the assessment and implementation of safety measures and interventions of situations where newborn falls may occur.

6.1.4.2. All health care providers provide education to all parents and caregivers, regarding newborn fall risks and prevention throughout their hospital stay.

6.1.5. Assess each patient's risk for falling, including the potential risk associated with patient's medication regime and take action to address any identified risks.

6.1.6. In the event of a fall, the healthcare provider will complete a physical assessment to include level of consciousness, pupils, vital signs, mobility, skin integrity and incontinence, notify the physician and file an incident report.

6.2. RE-ASSESSMENT:

6.2.1. Re-assessed patient once every shift and as condition changes.

6.2.2. Re-assess each patient's risk for falling, including the potential risk associated with patient's medication regime and take action to address any identified risks.

6.3. PLAN / IMPLEMENT:

6.3.1. Patient identified as being at risk for falls will have a fall prevention management implemented appropriate to their level of risk.

6.3.2. For **in-patient adults**, the following precautions will be initiated based on the Morse Risk Score.

6.3.2.1. Low Risk (0–24): Daily fall risk assessment

6.3.2.1.1. Non-skid footwear

6.3.2.1.2. Control environmental hazards

6.3.2.1.3. Bed in low position (consider use of Very Low Bed)

6.3.2.1.4. Call light in easy reach

6.3.2.2. Moderate Risk (25–50): All interventions from 0 to 24 plus

6.3.2.2.1. Reorient to environment frequently

6.3.2.2.2. Monitor to orthostatic changes



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6.3.2.2.3. Review medications (Hydrochlorothiazide, ACE inhibitor, Calcium Channel blockers, Beta blockers)

6.3.2.3. High Risk (≥ 51): All interventions from 0 to 24 and 25 to 50 plus

6.3.2.3.1. Toileting every 2 hours

6.3.2.3.2. Turn and/or reposition every 2 hours

6.3.2.3.3. Provide diversion

6.3.2.3.4. Supervision (family/carer/watcher)

6.3.3. For **in-patient obstetric patients**, the following precautions will be initiated based on the Fall Risk Assessment for Obstetric Patients.

6.3.3.1. Low Risk (0-3)

Implement Standard Fall Prevention Interventions every 4 hours

6.3.3.2. High Risk (4 or greater)

Implement High Risk Fall Prevention Intervention hourly

Assist in ambulation

Complete Mobility Challenge with ambulation, using the Adult Individualized Safety Tool

6.3.4. For **in-patient pediatric patients**, the following precautions will be initiated based on the Humpty Dumpty risk score:

6.3.4.1. Low Risk (7-11)

6.3.4.1.1. Daily fall risk assessment

6.3.4.1.2. Non-skid footwear

6.3.4.1.3. Control environmental hazards

6.3.4.1.4. Patient and family education

6.3.4.2. High Risk (12 and above)

6.3.4.2.1. All intervention from 6 to 11 plus

6.3.4.2.2. Identify patient with a yellow fall risk band and fall risk icon in RABET system

6.3.5. **Ambulatory / Outpatient settings:**

6.3.5.1. Fall Risk screening at each encounter



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- 6.3.5.1.1. Adults – screening on encounter forms
- 6.3.5.1.2. Pediatrics – Humpty Dumpty Scale
- 6.3.5.2. Patients will be screened for risk for falls by observing the patient's ability to stand and walk on their own and through interview utilizing the following questions:
 - 6.3.5.2.1. Do you have trouble standing?
 - 6.3.5.2.2. Do you have trouble walking on your own?
 - 6.3.5.2.3. Do you have trouble dressing or undressing yourself? (For those areas that require hospital gown for examination).
 - 6.3.5.2.4. Do you currently use a wheelchair, walker, cane, or anything else to help you walk?
- 6.3.5.3. If one or more identified in **6.3.5.2**, the patient is considered to be at risk for a fall, the status shall be communicated to the staff in the department providing care, treatment or services, measures, and interventions will be implemented.
 - 6.3.5.3.1. The healthcare provider will assist the patient during transfers and treatment and if applicable, the Fall Risk Prevention measures will be implemented.
 - 6.3.5.3.2. A wheelchair will be provided for any patient who present with an unsteady gate or has difficulty in walking.
- 6.3.5.4. For those patients not at risk for falls, the outpatient area will follow standard safety measures including, but not limited to periodic safety tours, maintain unobstructed and clean pathways, and ensuring safe room set up.
- 6.3.5.5. Interventions to reduce fall risk are implemented in situations and locations in the outpatient department(s) assessed to be a risk for falls. (refer to **Outpatient Falls Prevention Interventions Checklist**)
- 6.3.6. For **Special** Ambulatory Setting, i.e., ED, Endoscopy, Day Surgery, Dialysis, Chemotherapy Day unit, Radiotherapy, Radiodiagnostics & Medical Imaging,



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Occupational Therapy and Physiotherapy – fall risk assessment are based on the interventions identified by each special area.

6.3.7. Safety Precautions – fall prevention measures.

6.3.7.1. Environmental Safety Strategies and Management as per the Electronic Health Record documentation (RABET) -

- 6.3.7.1.1. Ensure patient is placed in a suitable position within the unit.
- 6.3.7.1.2. Side-rails should be raised when no procedure is being performed.
- 6.3.7.1.3. Bed should be in low position, unless a procedure is being performed.
- 6.3.7.1.4. Wheels of the bed should be locked, unless it is being moved.
- 6.3.7.1.5. Chair / wheel-chair bound patients should be secured with a seat belt.
- 6.3.7.1.6. A functioning call-bell should be placed within easy reach of the patient.
- 6.3.7.1.7. Floors must be non-glare and non-slippery with spills cleaned and hazard identified. Wet floors or any cleaning in progress must be identified using appropriate sign.
- 6.3.7.1.8. Lighting must be sufficient for both day and night.
- 6.3.7.1.9. Walking aids and necessary equipment / items must be kept within patient's reach.
- 6.3.7.1.10. Avoid clutter or obstacles around patient's room and corridors.
- 6.3.7.1.11. Mobilize patient with adequate assistance when clinical status and physician's order permit.
- 6.3.7.1.12. Patient's telephone should be within reach.

6.3.7.2. Equipment

- 6.3.7.2.1. All beds / stretchers must have safety features, i.e., brakes, bed rails and stretchers straps.



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- 6.3.7.2.2. Ensure beds, stretchers and chairs are locked before placing patients on them.
- 6.3.7.2.3. Regular checks on equipment must be carried out by nursing staff; any defects must be reported to the Bio-engineer and/or maintenance staff.
- 6.3.7.3. If other fall prevention measures fail and the patient is not able to cooperate with staff. The use of restraint may be considered according to Patient Restraint Policy (Policy No. 1-1-8062-03-019).

6.3.8. Post Fall Management

- 6.3.8.1. Interventions for High Risk Patient for Fall
- 6.3.8.2. Assess for injury and notify physician
- 6.3.8.3. Determine level of injury. If unable to determine level of injury at the time of the fall, do so with follow-up of event.
- 6.3.8.4. Obtain and record sitting / standing vital signs.
- 6.3.8.5. Assess for change in range of motion
- 6.3.8.6. Document circumstances in the patient's medical record
- 6.3.8.7. Assess all factors contributing to the fall:
 - 6.3.8.7.1. Equipment
 - 6.3.8.7.2. Medication factors
 - 6.3.8.7.3. Interventions done at the time of the fall
- 6.3.8.8. Notify all healthcare team members and the patient's family of the patient fall.
- 6.3.8.9. Report the incident

6.3.9. Discharge Planning:

- 6.3.9.1. Communicate fall risk to family and/or home health provider as appropriate
- 6.3.9.2. Suggest physician consult for outpatient care if the patient:
 - 6.3.9.2.1. Is demonstrating gait problems;
 - 6.3.9.2.2. Has fallen while in the hospital;



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6.3.9.2.3. Has had a fall within the past 3 months.

6.3.9.3. If the patient will live alone after discharge and is at moderate or high risk for falls, to involve Social Services and Physical Therapy to address fall risks as needed.

6.3.10. Patient/Family Education:

6.3.10.1. Educate the patient/family at the level of their understanding of the following:

6.3.10.1.1. The purpose of fall prevention measures, when used.

6.3.10.1.2. Interventions to be done to decrease environmental fall risks

6.3.10.1.3. The need to ask for assistance when go out of beds

6.3.10.2. For high-risk patients, include information on exercise, nutrition, home safety, and make a plan for emergency fall notification.

6.4. DOCUMENTATION

6.4.1. **Initial risk assessment** is documented in the admission history.

6.4.1.1. In ambulatory settings, the risk assessment is documented with initial assessment process.

6.4.2. For Outpatient, the screening process must be documented utilizing the electronic health record (RABET system) in the nursing assessment part indicating the risk status.

6.4.3. The patient and family education is documented on the "patient education interdisciplinary education form".

6.4.4. In the event of fall, an incident report and post fall assessment must be completed, plan of care will revised accordingly, and the following information will be noted in the documentation:

6.4.4.1. Time

6.4.4.2. Location

6.4.4.3. Patient position

6.4.4.4. Appearance of fall

6.4.4.5. Patient's statement of the fall



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6.4.4.6. Physical assessment

7. REFERENCES

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- 7.8. National Hospital Standards, 3rd Edition 2016, Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI).
- 7.9. WHO, Quality Care, patient safety. www.who.int (accessed July 2012)

8. APPENDICES

- 8.1. Brochure - **We want you to know about preventing children in the hospital from falling**
- 8.2. Fall Assessment Tool (Maternal/OB) the FRAPP Scale (MSD Stock # 7540-760-5231 MSD-NUR.F55)
- 8.3. Falls Assessment Tool (Adult) Morse Fall Scale (MSD Stock # 7540-760-5113 MSD-NUR.F11-1)
- 8.4. Falls Assessment Tool (Paediatric) the Humpty Dumpty Scale (MSD Stock # 7540-760-5114 MSD-NUR.F12-1)
- 8.5. Falls Prevention Interventions Checklist (Outpatient) 4-2-1007-01-096



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Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-03-026 Version No: 08		
Title: Fall Prevention and Management		JCI Code: IPSG		
Supersedes: 1-1-8062-03-026 Version No.07;25 January 2021	Issue Date:	Effective Date: 26 OCT 2023	Revision Date: 25 OCT 2026	Page 15 of 16

- 8.6. Falls Prevention Interventions Checklist for Adult (MSD Stock # 7540-760-5112 MSD-NUR.F10).
- 8.7. Falls Prevention Interventions Checklist for Pediatrics (MSD Stock # 7540-760-5111 MSD-NUR.F09).
- 8.8. Post Fall Assessment Form 4-2-1007-01-092
- 8.9. RABET System downtime policy – EHR (MODHS-PP-CTT-003-01)



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9. CONTRIBUTING DEPARTMENT/S

- 9.1. Medical Administration
- 9.2. Executive Nursing Affairs
- 9.3. International Patient Safety Goals (IPSG) Team

Compiled by: International Patient Safety Goals (IPSG) Team	Signature:	Date: <i>11/10/2023</i>
Reviewed by: Dr. Turki Al Mutairi Executive Director of Nursing Affairs	Signature:	Date: <i>24/10/2023</i>
Reviewed by: Brig. Gen. Dr. Abdulelah Mohammed Hummadi Continuous Quality Improvement & Patient Safety (CQI&PS)	Signature:	Date: <i>23/10/2023</i>
Authorized by: Brig. Gen. Dr. Abdulrahman Al Robayyan Director of Medical Administration	Signature:	Date: <i>25/10/2023</i>
Authorized by: Brig. Gen Dr. Rashed Al Otaibi Executive Director for Health Affairs Chairman, Senior Medical Management Team (SMMT)	Signature:	Date: <i>25/10/2023</i>
Approved by: Maj. Gen. Khalid Abdullah Al Hudaithi General Executive Director of Prince Sultan Military Medical City	Signature:	Date: <i>26/10/2023</i>