



Because Getting It Right Matters

100 Fall Interventions

This list is created to assist facilities in choosing fall interventions. It is by no means an all-inclusive list and interventions should be applied based on an individual's needs and capabilities.

1. Do not talk while walking
2. Purposeful staff rounding
3. Complete fall root cause analysis
4. Complete risk assessment
5. Assess for syncope
6. Complete pain assessment
7. Obtain eye exam
8. Quiet environment for dementia residents
9. Proper seating if in wheelchair – feet flat on the floor, lowering the back of the seat, etc. OT screen for seating
10. Consider vitamin D and calcium – due to no sun light
11. Ensure proper footwear
12. Helmets if applicable
13. Hip protectors
14. Exercise program – improve balance, plus tires them (satisfies need to walk), gait training
15. Assess staffing
16. Environment friendly – no clutter, keep objects in same place, etc
17. Assess medications for side effects
18. Assess for postural hypotension

19. Assess for foot problems and proper foot wear
20. Test balance, gait, strength,
21. Educate resident regarding risks for falls
22. Look at number of medications and possible interactions
24. Glasses appropriate for walking (multifocal glasses contribute to falls)
25. Low bed
26. Non-skid floor mats
27. Call light within reach
28. Alarms
29. Increased observation
30. Room close to nursing station
31. Nonskid shoes
32. Toileting program: scheduled, cueing
33. Use of glasses if applicable
34. Reduce clutter in room
35. Increased activities
36. Restorative care
37. Program to help resident and families cope with non-modifiable risks for falling
38. Programs for residents that wander
39. Staff education regarding falls and interventions applied
40. Use of pictures to provide cues to where something is (bathroom – pic of toilet, etc)
41. Keep most used items within reach
42. Raised toilet seat
43. Lower bed height
44. Answer call light promptly
45. Reorient to call if needed
46. Pharmacy/MD to evaluate meds
47. Instruct resident to change positions slowly
50. Orient to surroundings as needed

51. Visual checks q2h and/or prn
52. Night light in resident's room
53. Encourage family visits for orientation purposes
54. RD consultation
55. Consult rehab prn
56. Keep furniture and other items in same position
57. Evaluate hearing
58. Ensure assistive device is used appropriately
59. Ensure resident is able to use call light upon command
60. Ensure resident is comfortable using assistive devices
61. Assess continence and resident's understanding
62. Proper clothing to prevent tripping
63. Assess clothing for ease of toileting
64. Keep bed, wheelchair, etc. locked
65. Assess for change in behavior
66. Educate resident when applying intervention
67. "Fall Risk" – noted in room/door/nursing station, etc. (post in room)
68. Educate resident and/or family about fall risks
69. Create something that makes fallers identifiable (falling leaf, arm band, picture, etc.)
70. Create "floor map" of falls of individual residents
71. Create "floor map" of falls within the facility
72. Do not rearrange furniture in facility – especially dementia units
73. Designate a "fall expert" for referring residents
74. Involve ALL staff to prevent falls through education of falls management program
75. Furniture with rounded edges
76. Assess for illness (delirium)
77. Use of pictures for cues
78. Maintain daily routine
79. Minimize bed rest

80. Use of wide doorways
81. Liberalize diet to increase intake
82. Provide chair with arm rest
83. Provide cord extension to turn off light
84. Use of anti-skid material on all furniture
85. Provide high back chairs
86. Do not put anything that is above residents reach
87. Place rubber mat in front of sink
88. Avoid tripod or pedestal tables
89. Skid resistant strips in showers/tubs
90. Use bath seat
91. Non-skid material on all steps
92. MD to assess
93. Aid in ways to communicate
94. Use of telephone to signal staff
95. Falls prevention class for resident and family
96. Access to turn lights on and off
97. Evaluation of BP
98. Assess for osteoporosis
99. Bedtime snack
100. Do not give diuretics after lunch if possible