



Adult Critical Care Falls Assessment and Care Plan

Add Trust Logo

Patient Name.....
 NHS/unit number.....
 Date of Birth.....
 Ward.....

Completed on the dependent patient in adult critical care.
 All patients must have a falls assessment completed within 6 hours of admission.

SCREENING QUESTIONS

Stage 1 Screening (to be completed daily)

| | Y/N | Signature | Date/Time |
|--|-----|-----------|-----------|
| Does the patient have a Richmond Agitation Sedation Score (RASS) of -4/-5? | | | |
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If No complete Stage 2 below and reassess if/when RASS increases or daily as a minimum

Stage 2 Screening – RASS of -3 to +4

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is the patient confused/agitated/delirious? (e.g. CAM-ICU positive) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the patient have neurological/cognitive impairment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the patient have multiple invasive devices? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the patient have difficulty with walking and balance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the patient have a fear of falling? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If the answer is yes to any of the above questions please complete care plan below then overleaf daily

✓ - Yes X - No N/A or * see written evaluation in critical care plan

| | |
|--|--------------------------|
| Is the bed on the lowest appropriate setting except during care /therapy? | <input type="checkbox"/> |
| Has a bed rails assessment /care plan been completed? | <input type="checkbox"/> |
| Has a delirium assessment been undertaken and care plan initiated? (e.g. CAM-ICU) | <input type="checkbox"/> |
| Is the patient on the appropriate treatment for symptoms of withdrawal ? | <input type="checkbox"/> |
| Are invasive devices/tubing secured / positioned to reduce the risk of falling? | <input type="checkbox"/> |
| Has the call bell been explained, within patient's reach and working? | <input type="checkbox"/> |
| Is footwear a secure fit with non-slip sole and no trailing laces? | <input type="checkbox"/> |
| Is patient table within reach? | <input type="checkbox"/> |
| If needed are glasses/hearing aid worn or within reach? | <input type="checkbox"/> |
| Is the patient in the most appropriate place on the ward for their needs? | <input type="checkbox"/> |
| Does the patient require 1:1 supervision ? By staff type _____ | <input type="checkbox"/> |
| Has a falls sensor/varizone alarm been set? | <input type="checkbox"/> |

When a patient is ready for critical care discharge or mobilising independently a general falls prevention assessment and care plan should be completed.

Variance / Action

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