

FALL RISK DISCLOSURE

INSTRUCTIONS: This form must be reviewed with and signed by the resident/resident representative/guardian. Complete upon admission, quarterly, with a significant change of resident condition and upon the request of the resident/resident representative/guardian/facility.

_____ is committed to providing quality of care to all residents. For each
(Facility Name)
resident to receive and for _____ to provide the necessary care and services
(Facility Name)

to attain or maintain the highest practicable physical, mental and psychological well-being, in accordance with the comprehensive assessment and plan of care, it is necessary to build a team between the resident/resident representative/guardian, physicians and facility staff. Resident/resident representative/guardian participation in the management, treatment, interventions and approaches is an essential part of the overall care plan for the resident.

Each year, more than one in four adults ages 65 and older will fall. Among older Americans, falls are the number one cause of injuries and deaths from injury. This represents 36 million falls, 3 million emergency department (ED) visits, over 800,000 hospitalizations and 60,000 deaths annually. Falls account for approximately 60% of all injury-related ED visits and over 50% of injury-related deaths annually for older adults. As the leading cause of fatal and non-fatal injuries among older adults, falls will continue to soar, as America's baby boomers grow older.

CONSEQUENCES OF FALLS

- Not all falls cause injuries however, one in five falls does cause a serious injury such as a broken bone or a head injury.
- Fractures (broken bones) - wrist, arm, ankle, shoulder, hip - result from falls.
- Severe bleeding, especially for people taking blood thinners/anticoagulants (i.e., coumadin/warfarin).
- Head injuries. Falls are the most common cause of traumatic brain injuries (TBI).
- Fear of future falls can cause a person to cut back on activities and exercise. The person becomes weaker which also increases the chance of falling.
- Falling once doubles a person's chances of falling again.

RISK FACTORS FOR FALLS

- Lower body weakness
- Vitamin D deficiency
- Difficulties with walking and balance
- Use of medicines, such as tranquilizers, sedatives or antidepressants. Even some over-the-counter medicines can affect balance and how steady you are on your feet.
- Vision problems
- Foot pain or poor footwear
- Hazards or dangers such as broken or uneven steps and throw rugs or clutter that can be tripped over; poor lighting
- Decreased muscle strength
- Long periods of inactivity; sedentary lifestyle
- Cognitive impairment
- Incontinence (bowel/bladder)
- Sudden condition changes such as fever, infection, delirium
- Anemia, arthritis, heart failure, neurological disorders
- Most falls are caused by a combination of risk factors. The more risk factors a person has, the greater their chances of falling.

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

FALL RISK DISCLOSURE

Older adults are at a greater risk for:

- Multiple, future falls
- Broken bones/fractures as a result of falling
- Head injury as a result of falling
- Severe bleeding as a result of falling
- Death related to a fall and resulting injury

Risk factors should be assessed and addressed in the resident's individualized plan of care. The care plan as well as the resident's medical record should reflect:

- Resident's medical condition(s)
- Efforts/measures in place to prevent and reduce falling
- Treatment options
- Expected outcomes
- Resident goals
- Resident/representative concerns
- Consequences of refusing treatment
- Other alternatives offered if resident refuses care/treatment

ADDITIONAL COMMENTS

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

ACKNOWLEDGEMENT OF RECEIPT OF FALL RISK DISCLOSURE

I, _____, acknowledge that I have received and reviewed a copy of
(Resident/Resident Representative/Guardian)

_____ Fall Risk Disclosure which summarizes
(Facility Name)

the risk factors associated with falls. Residents with these risk factors may suffer from complications/adverse effects resulting from a fall(s).

The Resident/Resident Representative/Guardian acknowledges that complications/adverse effects may occur as a result of a fall.

This facility recognizes that the relationship between the Resident and the Resident Representative/ Guardian and staff is a critical element in identifying all of the resident's disease symptoms and needs. The facility staff and physician request that the Resident/Resident Representative/Guardian report all information regarding changes listed as clinical symptoms, risks, complications or changes in the resident's usual behavior or status to the facility immediately.

I understand the facility will review this information with _____ when there
(Resident/Resident Representative/Guardian)

is a significant change of the resident's condition, quarterly and when requested by the Resident/Resident Representative/Guardian or Facility as a necessary part of the plan of care for this resident.

By signing, the Resident/Resident Representative/Guardian acknowledges the clinical symptoms, complications/risks and consequences associated with falls, as well as the importance of participation in the plan of care for this resident.

ACKNOWLEDGEMENT SIGNATURES

Resident/Resident Representative/Guardian

Date Signed

Witness:

Signature and Title

Date Signed

If signed by Resident Representative/Guardian, complete the following:

Print Name: _____ Relationship: _____

Person completing this form: _____
Signature and Title Date Signed

Witness: _____
Signature and Title Date Signed

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed