

**STAFF VISUAL MANAGEMENT MORSE FALL SCALE INTERVENTIONS BY SCORE**

**Low Risk Score 0-24**

**Prevention: Environmental Rounds**  
The facility management, housekeeping, clinical services and biotech staff perform environmental rounds.  
**Facility management and/or Housekeeping staff confirm:**

- Hallways and patient areas are well lit*
- Hallways and patient areas are uncluttered and free of spills*
- Locked doors are kept locked when unattended*
- Handrails are secure and unobstructed*
- Tables and chairs are sturdy*

**Biotech staff confirms:**

- All assistive devices are working properly by inspecting them on a regular basis*

**Nursing Staff confirm:**

- Locked doors are kept locked when unattended*
- Patient rooms are set up in a way that minimizes the risk of falling (see High Fall-Risk Room Set-up in Intervention section)*

**Everyone confirms:**

- Unsafe situations are dealt with immediately either by dealing with the situation or notifying the appropriate staff and ensuring that they arrive and correct the situation.*

**Mod. Risk Score 25-50**

**Standard Fall Preventions Measures:**

**Orientation & Environment**

- Orient patient to surroundings and assigned staff.
- Lighting adequate to provide safe ambulation.
- Instruct to call for help before getting out of bed.
- Demonstrate nurses' call system.
- Call bell within reach, visible and patient informed of the location and use.
- Light cord within reach, visible and patient informed of the location and use.
- Provide physically safe environment (i.e., eliminate spills, clutter, electrical cords, and unneeded equipment).
- Personal care items within arm length.
- Bed in lowest position with wheels locked.
- Instruct patient in all activities prior to initiating.
- Assign bed that enables patient to exit towards stronger side whenever possible.

**Mobility & Transfer Interventions**

- Rehab team (PT and OT) is to make recommendations for the safest type of transfer.
- Ambulate as early and frequently as appropriate for the patient's condition.
- Non-slip footwear.
- Transfer towards stronger side.
- Assess the patient's coordination and balance before assisting with transfer and mobility activities.

**Communication & Education**

- Educate and supply patient and family with fall prevention information.
- Actively engage patient and family in all aspects of the fall prevention program.
- Place an "at risk" indicator on the chart, outside the room and at the bedside
  - Identify patient with a yellow colored wrist band.
  - Place a colored star outside of patient's room.
  - Place a colored star over patient's bed.
- Consult with pharmacy.  Medications reviewed.
- Instruct patient in medication time/dose, side effects, and interactions with food/medications
- Rounding** (include positioning as indicated; pain management, offering fluids, snacks when appropriate and ensuring patient is warm and dry). Every 2 hours
- Implement bowel and bladder programs to decrease urgency and incontinence.**

**Equipment and assistive devices.**

- Individualize equipment specific to patient needs.
- Lock movable equipment prior to use
- Bed alarm / Wheelchair alarm
- Check tips of canes, walkers and crutches for non-skid covers.
- Bedside mat/perimeter mattress.
- Low bed.
- For risk of head injury consider consult for PT for consideration of a helmet
- Elevated toilet seat.
- Instruct patient in use of grab bars.

**Rest and Diversion.**

- Request OT consult.  Relaxation tapes/music.  Diversional activities.  Exercise program.  Minimize distractions.

**High Risk Score > 50**

**High Risk Fall Prevention Measures**

- Consider use of family as sitters for cognitively impaired
- Room placement closer to nurses' station.
- Repeatedly reinforce activity limits and safety needs to the patient and family
- Comfort rounds to every hour**  
(Include positioning as indicated; pain management, offering fluids, snacks when appropriate and ensuring patient is warm and dry).