

UCSF MEDICAL CENTER DEPARTMENT OF NURSING

NURSING PROCEDURES MANUAL

FALLS PREVENTION PROGRAM (PEDIATRICS)

APPENDICES/ATTACHMENTS FOR THIS PROCEDURE

[Appendix A: SNCP: Child Identified As at Risk for Falls](#)

[Appendix B: Use of the Soma Bed Enclosure](#)

PURPOSE

To identify patients who are at risk for falling and to outline strategies used to develop patient specific or individualized plans of care to reduce inpatient falls and fall-related injuries. To involve the patient, family and caregiver in falls prevention through education.

CRITICAL POINTS

1. **Safety Precautions** are instituted on **all patients**, regardless if they have been identified as being at risk for falls or not.
2. Patients who have been identified as at risk for falls are placed on a **Fall Prevention Program**.
3. Patients are assessed for their falls risk on admission and every shift thereafter.
4. **All Infants** are placed on **safety precautions**. A falls risk assessment with the Pediatric Schmid Fall Score is not necessary in this population. However, once an infant begins to walk, then a falls risk assessment must be initiated and a fall prevention program started, if appropriate.

FALLS CATEGORIES

- A. Anticipated physiological/intrinsic: patient diagnosis or characteristics that may predict patient's likelihood of falling.
- B. Unanticipated physiological/intrinsic: unpredictable if no previous history is present and no risk factors identified from assessment.
- C. Extrinsic/Accidental: an accidental fall is defined as when a patient is oriented but rolls out of bed or trips/slips due to environmental risk factors; or, an infant is dropped by a parent or caregiver
- D. Developmental: non-injurious falls that are common to infants/toddlers as they are learning to walk, pivot and run

SAFETY PRECAUTIONS

1. Orient patient and family to environment.
2. Beds will be in low position with brakes on unless treatment needs require otherwise. After procedures the bed will be returned to the low position.
3. All beds will have full side rails to ensure safety. Side rails will be in the up position when the child is unattended as a safety precaution. **Exception**: Certain critical patient care

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- situations may require that side rail(s) be kept down to accommodate tubes, drains and/or equipment. As always, patient safety is of utmost importance and safety measures will be taken to ensure that the child is secure, i.e., constant attendance by a RN.
4. All patients under the age of 3 years will be placed in cribs. If parents request otherwise, a written release must be obtained and then the first bed of choice should be a junior bed. If parents continue to request a “full-size” bed, it is with the understanding that they will have to continually attend the child.
 5. High sided or “bubble-top” cribs will be used when patient’s state or the child demonstrates that he/she might climb out.
 6. Call light (assure patient can use), bedside table, telephone, and other frequently used items will be kept within reach of the patient, as developmentally appropriate.
 7. Sensory aids, i.e., eyeglasses, hearing aids, etc, will be accessible to patient.
 8. Provide assistance, as appropriate, to child requiring assistive devices (e.g. walker, crutches, etc.).
 9. Ambulating patients must wear shoes or non-slip, non-skid slippers/footwear. Patients will be accompanied when ambulating for the first time or whenever their clinical status indicates that they are at risk for falling. This would include but not be limited to medication side effects, neurological impairment and/or developmental stage.
 10. Built-in safety straps will be used for babies placed in infant seats and children using their personal wheelchairs. Children using a wagon or infant activity center must be supervised continuously.
 11. Children being transported by gurney or crib will have the side rails up at all times as a safety precaution; children transported off the unit will be continuously supervised.
 12. Children and infants should not be placed or allowed to play in unsafe areas, such as on windowsills, on top of tables, etc.
 13. Keep Environment clear of hazards.
 14. Keep Nightlight on during “P” shift.
 15. Assist with elimination as needed.
 16. Implement evaluation of medications that predispose patient to falls.
 17. Educate patient and family regarding fall prevention strategies.

FALL PREVENTION PROGRAM

1. Assess the patient for his/her risk for falling on admission and every shift thereafter.
2. Complete the Pediatric Schmid Fall Score (“Little Schmidy”) on the Flowsheet.
3. Check the appropriate box for the risk factors applicable to patient (see Scoring Criteria in #4 below).
 - a. Total the score.
 - b. Record score on the appropriate line on the flowsheet.

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- c. If the total score is 3 or greater, or based on clinical judgment, initiate the Fall Precaution Program (see below and Appendix A).

“LITTLE SCHMIDY” FALL SCORE												
IMPLEMENT FALL PRECAUTIONS FOR SCORE ≥ 3 OR <u>BASED ON CLINICAL JUDGMENT</u>												
		A	P		A	P		A	P		A	P
Mobility	(0) AMB with no gait disturbance			(1) AMB or transfer w/assistive device			(1) AMB w/unsteady gait & no assist. device			(0) unable to AMB or transfer		
Mentation	(0) developmentally appropriate and alert			(1) developmentally delayed			(2) disoriented			(0) coma, unresponsive		
Elimination	(0) independent			(1) independent w/frequency or diarrhea			(1) needs assist w/toilet			(0) diapers		
Hx of Illness Related Falls	(1) yes, before admission			(2) yes, during admission			(0) no					
Current Meds	(1) anticonvulsants, opioids, benzodiazepines											

Adapted from the Schmid Fall Score Tool for UCSF Children’s Hospital

4. Scoring Criteria:

- a. Clinical Judgment. Patient diagnosis or condition warrants fall prevention program.
 - b. Mobility. Uses assistive devices or needs assistance for ambulation/transfer. Evidence of generalized weakness or decreased mobility in lower extremities, poor balance, and dizziness.
 - c. Mentation. Patient is developmentally delayed or is disoriented.
 - d. Elimination. Has need to get to toilet frequently or urgently. Needs assistance with toileting.
 - e. History of Falls related to Illness. Has the patient fallen within the last year related to illness, including falls at home or a previous admission or during this admission? (Refer to inpatient admission assessment).
 - f. Current Medications. Anticonvulsants, opioids, benzodiazepines. Also consider diuretics, antihypertensives, and analgesics, bowel preps.
5. Assessment using the Pediatric Schmid Fall Score (“Little Schmidy”) should be done every shift and whenever a change in the patient’s condition affects his or her risk of falling.
 6. Implementation of a **Fall Prevention Program** for patients assessed as being at risk for falls:
 - a. Continue safety precautions as detailed above in Critical Points, #1.
 - b. Identify the patient's risk status by:
 - Completing Pediatric Schmid Fall Score
 - Placing green dot on patient’s arm band

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APPENDIX B: USE OF THE SOMA BED ENCLOSURE

PURPOSE

The SOMA BED ENCLOSURE is a passive restraint system for the patient who requires a protective environment and/or is at risk for injury to self or others. In certain situations, the enclosure may be used in place of physical restraints, e.g., soft belt, or limb restraints.

CRITICAL POINTS

1. The SOMA BED ENCLOSURE is considered to be a restraint and therefore the Restraint Procedure must be adhered to.
2. The SOMA BED ENCLOSURE should **not** be considered for use on patients with:
 - a. Multiple invasive lines. A urinary catheter, one venous access line and oxygen tubing are the maximum amount of lines that can be accommodated within the enclosure.
 - b. Mechanical ventilation.
 - c. Excessive violent behavior.
 - d. Cumbersome appliances such as traction.
3. Do not allow patients to retain sharp objects, such as serrated plastic knives, inside the enclosure. It is possible to cut through the netting with these objects.

EQUIPMENT/SUPPLIES

- Bed with removable headboard.
- SOMA BED ENCLOSURE – obtain by contacting your CNS or Nursing Supervisor. They will in turn notify Material Services. Beds ordered before 1600 will be delivered the same day, after 1600, the following day. Beds are not available on the weekends.

PROCEDURE

1. Assess the patient for appropriateness for placing in a SOMA BED ENCLOSURE. Patients exhibiting the following behaviors may be candidates for the enclosure.
 - a. Confusion/disorientation
 - b. Altered thought process
 - c. Agitation
 - d. History of falls
 - e. Cerebral palsied (Pediatrics only)
2. Obtain a physician order for restraint.
3. Explain to patient and family the reason for applying the enclosure, i.e., to provide for patient's safety.
4. Document on flowsheet.
5. Once the enclosure is in place, check to ensure the following:
 - a. Safety ring is in place at the foot of the bed.
 - b. All zippers are completely closed and locked.
 - c. All tubing and lines are unobstructed. Zippered openings may be found at the base of the enclosure for a urinary catheter and the zipper tabs can be arranged to create a small opening to accommodate the tubing.
6. The items listed above must be checked upon the initiation of the bed and every shift thereafter.
7. Maintain side rails in the up position at all times. If patient is very agitated, side rails should be padded.
8. Monitor patient in accordance with the RESTRAINT P&P.
9. Call Material Services to remove the enclosure when discontinued.

REFERENCE: SOMA BED ENCLOSURE operational guidelines