

Falls and Change of Condition Reporting

Reporting of Change in condition/falls:

1. Change in condition can be:
 - a. Physical
 - b. Mental
 - c. Verbal
2. Falls are any involuntary change of plane to include lowering residents to the floor that would have otherwise resulted in a fall.
3. If a resident tells you about an incident or you hear or see a change in condition, tell your supervisor immediately.
4. Supervisor or appropriate personnel will ...
 - a. Notify the nursing supervisor or Head of House immediately.
 - b. Nursing supervisor and floor nurse will assess resident together.
 - c. Assess the resident to include: neurologic assessment, range of motion, pain scale appropriate to resident, full skin assessment and full vitals.
 - d. Notify family:

POA is to be notified when an incident (change in condition/fall) occurs as soon as possible. If an incident should happen in the middle of the night and there is no injury the POA can be notified in early a.m. If 3rd shift nurse is not able to reach the POA in early a.m. before clocking out, she/he is to make sure the 1st shift on coming nurse is aware that they were not able to reach the POA and for the 1st shift continues to attempt to reach the POA. If an incident occurs and there is an injury POA is to be notified at that time no matter how late it is. Staff is to try all phone numbers listed on face sheet if you cannot reach at the first number attempted. The nurse must document that she/he notified the POA or attempted to notify the POA and if more than once how many times they attempted to reach the POA.
 - e. Notify Doctors, etc. if indicated
 - f. Place resident on 72hr change in condition or fall assessments to include neurological checks and vitals.
 - g. Document the fall or change in condition.
5. Bruises and other skin conditions are to be reported immediately, even if they appear old. The nurse is to check to see if it has been reported yet, and if not - chart it and fill out an incident report.

***NOTIFICATION CHAIN:**

- 1) Nurse to Unit Coordinator.
- 2) Unit Coordinator to HOH/ADON/DON
- 3) ADON/DON to Administrator

*If no Unit Coordinator on duty, HOH is to be notified by the Nurse. If no HOH, the ADON/DON on call must be notified. Any suspected abuse must be reported to the Administrator!!