

Fall Prevention in Post-Op Patients

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Abstract:

This paper states that patients who are in perioperative care in a healthcare setting are more prone to falls. It explains the how and why the perioperative care setting, especially the post operative setting is the most vulnerable and the most susceptible to falls. It explains the how and why these patients experience this phenomenon. This paper also explores the studies, how nurses, and the rest of the healthcare team prevent and treat these patient falls.

During my clinical this semester, I encountered many post-surgical patients, and these patients have problems that need nursing interventions. One of the biggest problems with these patients are fall risk and preventions. One of my patient's, was a post-surgical patient as well as obese, so this patient was a high fall risk. I saw how difficult it is to keep a patient from falling and no matter what gets done, a patient may end up falling regardless.

One of the biggest risks in any healthcare setting is fall prevention. As a nurse, you worry about every aspect of the patient's well-being. One of these aspects, is how safe is the environment that the patient is going to be in because they will be spending their time healing in that space. As a nurse, multiple jobs are done under one person. Of course, the main priority is keeping the patient alive and maintaining their health. However, there are other problems that need to be addressed and taken care of as a nurse, one of them being fall prevention for the patient.

Fall prevention simply means, the patient will be kept injury free and fall free. Patients are their most vulnerable in a healthcare setting. Patients are relying on nurses and others on their healthcare team, to do things for them and help them in ways that they cannot help themselves. Normally, these things are done fairly easily by the average person, however in the patient's state of health, they need help doing the simplest things or things they do on their own. Some patients, if not all are very quick to do things themselves but cannot, thus having a fall risk because they cannot do something as simple as go to the bathroom without help.

One of the biggest settings where patient falls occur is in post operative settings. Patients in a post op setting, are typically not able to do most ADLs on their own yet or are in an extreme

amount of pain, which inhibits them to do their activities in full. Patients in this setting, typically are just walking from the anesthesia and not full alert and orientated. People who are not fully alert, cannot do something as simple as turn themselves over, sit up or even use the bathroom. It would make sense that in this environment, patients need the most help and have the most risk for falls.

During my clinical this semester, I encountered many post-surgical patients who were high fall risks, and it was my job as a student nurse during those hours was to keep them from falling and helping them with whatever they needed. One of my patient's, was a post-surgical patient as well as obese, so this patient was a high fall risk.

According to an journal from UMB (University of Maryland at Baltimore), "Perioperative adult patients are at an increased risk of falls due to numerous risk factors such as gait and balance disturbances, postoperative polypharmacy, intravascular volume status changes, and unfamiliarity with the perioperative environment," (p.4). It is a known fact that perioperative care is so fragile this is where a big percentage of the falls in a healthcare setting, like the hospital, happen. There are preventable measures put in place to prevent this from happening such as all patients are a fall risk receive a yellow hospital band to wear on their wrist, non-skid socks to prevent falls, and the Morse Fall Scale to identify the patient's risk(s) for falling. These preventions have been proven effective; however, they are still a percentage of patients that have still fallen. There are other preventive measures such as a bed alarm to alert the nurses when the patient has gotten out of bed, call light so patients can call their nurses when they need something, and lowering the height of the bed so if the patient somehow gets out of bed and falls, it won't have as much of an impact of the fall. As we all know, patients sometimes

do not adhere to these resources and tools at their disposal. “Studies have shown that patient falls

education and fall safety agreements encourage patients to take an active role in preventing falls by increasing their: a) awareness of their risk for falls, b) sense of responsibility for their safety, and c) cooperation with health staff.” (p.5)

The plan of care for a patient who is at risk for injury from falls, would be to keep the patient from sustaining any injury and not falling under the care of the nurse.

1. Assess for circumstances associated with increasing the level of fall risk upon admission, following any alteration in the patient’s physical condition or cognitive status.
2. Assess mental status changes.
3. Review the patient’s medications.
4. Assess the patient for sensory deficits.
5. Assess patient’s fall risk using Fall Risk Assessment Tool (FRAT).

The nursing interventions and rationales would include therapeutic nursing interventions to prevent the falls and injuries from happening.

1. Design an individualized plan of care for preventing falls. Provide a plan of care that is individualized to the patient’s unique needs.
2. Provide signs or secure wristband identification for patients at risk for falls to remind healthcare providers to implement fall precaution behaviors.
3. Place items the patient uses within easy reach, such as call light, urinal, water, and telephone.
4. Respond to call light as soon as possible.

5. Place beds are at the lowest possible position. Set the patient's sleeping surface as near the floor as possible if needed.

The patient's team needs to work together on keeping the patient from falling, such as the physician gives orders on which medications can help relieve the pain so the patient can move a little more at easy without pain, PT also works with the patient to do exercises to move freely again within reason and are safe for the patient, and nurses/PCA's provide the post op patient with bedside care so they are less on their feet and get help with what they need.

This problem may seem like a small one, simply preventing a patient from using their own two feet to do things; however, it is very difficult when a patient is not fully orientated, stubborn, or in extreme amounts of pain. As nurses it is our job to help the patient, in any way we can, which is using the knowledge of evidence-based practice to prevent post op patient falls.

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