

THE SAI GROUP: CARE PATHWAY - FALLS

Referral with any neurological, / LE orthopedic condition, arthritis or osteoporosis or needing 4 or more meds or history of previous falls

Initial evaluation within 48 hours of referral or home return.

Use Medication Monitoring within 48 hours post evaluation if any of the following criteria met-

- Confused/ forgetful & lives alone
- Confused/ forgetful & family members unable/ unwilling to help with medication administration
- History of medication mismanagement/ non-compliance

Continue medication monitoring until risks present. Use other telehealth features and care pathways if applicable.

A. Does patient demonstrate **two** or more of the following four criteria:

1. One fall in previous year
2. Fall indoors
3. > or = 4 medications
4. Unable to get self off floor (fractures excluded, once patient is standing they can mobilise at same level as prior to fall)

B. Or, has a falls risk score of 10 or more on the OASIS.

If YES, THEN CARE MUST INCLUDE FALLS PREVENTION ALONG WITH STANDARD CARE. If no, follow standard care based on needs

OT/ PT Care (to include but not limited to):

- Mobility
- ADL & AE trg. as needed
- Falls prevention program, if applicable
 - environmental changes
 - balance/ vestibular training
 - strength training
 - cogn./ compensatory strategies
- Pt. education/ FMP design & trg. as needed

- **If Falls Risk exhibited, nursing re-visit / OT or PT** no later than 72 hours post evaluation
- Frequency of nursing and home health aide based on clinical/ functional needs stated on initial evaluation/ physician orders
- Refer to OT and/or PT (if no admission orders),

All staff to check for risk factors with each visit

Nursing care (includes but not limited to):

- Review of drugs
- Watch for drug interactions/ side-effects
- Patient education
- Medication administration/ management as needed
- Administration of annual influenza vaccination
- Administration of PPSV (if no history or last dose more than 5 years ago before the age of 65; if previously vaccinated after age 65– none needed) *
- Telehealth monitoring, if applicable
- Check for s/s for resp. infection and temp., BP/ postural BP, HR, respiratory rate, oxygen saturation, weight, blood glucose level (if diabetic) with **each visit**
- Supervision of aide as needed

WAS A FALL WITNESSED BY STAFF ?

Yes

No

Did patient report or was observed to have any of the following:

- Injury (beyond scratches)?
- Increased or sustained pain?
- Visible joint/ bone incongruity?
- Loss of sensation?
- Loss of consciousness?
- Gait change?

Does patient demonstrate sudden increase in risk for falls along with any of the following s/s:

- Mental status change
- Lower respiratory infection/ pneumonia
- Urinary tract infection
- Fever > 102°F (> 38.9°C)?
- Apical HR > 100?
- Respiratory rate > 30/min?
- BP < 90 systolic?
- Finger stick glucose < 70 or >400 (if diabetic)?

Yes

Yes

Notify Physician Immediately/ consider discharge to hospital

Notify Physician Immediately/ Consider hosp. d/c

No

Discontinue services when goals achieved/ potential maximized/ no further skilled needs with physician approval, or as directed by physician