

CARE PLAN - FALLS

Date	RAP/Problem/Need	Goal	Approach	Dscp.	Date Reviewed	Status/Date
8/29/09	At Risk for Falls Related to (check all that apply): <input checked="" type="checkbox"/> New admission <input type="checkbox"/> Mental status <input type="checkbox"/> Recent fall <input type="checkbox"/> History of previous falls <input type="checkbox"/> Ambulatory/incontinent <input type="checkbox"/> Poor vision <input type="checkbox"/> Balance problem/standing <input type="checkbox"/> Balance problem/walking <input type="checkbox"/> Utilizes assistive device(s) <input type="checkbox"/> Decreased muscle coord. <input type="checkbox"/> Change in gait pattern <input type="checkbox"/> BP changes <input type="checkbox"/> Hypotension <input type="checkbox"/> Vertigo <input type="checkbox"/> CVA <input type="checkbox"/> Parkinsons <input type="checkbox"/> Seizures <input type="checkbox"/> Arthritis <input type="checkbox"/> Fracture <input type="checkbox"/> Osteoporosis <input checked="" type="checkbox"/> Narcotics in use <input checked="" type="checkbox"/> Sedatives/Hypnotics <input type="checkbox"/> Psychotropics <input type="checkbox"/> Other <input type="checkbox"/> Other	Resident's fall risk will be minimized with reduction interventions Date: 8/28/09	<input checked="" type="checkbox"/> Falling Star Program <input type="checkbox"/> Encourage resident to ask for assist <input type="checkbox"/> Ensure that resident has proper footwear <input type="checkbox"/> Interdisciplinary referral: <input checked="" type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Restorative Nursing <input type="checkbox"/> Social Services <input type="checkbox"/> Other: _____ <input type="checkbox"/> Orient resident to room/environment <input type="checkbox"/> Provide assistive devices _____ <input checked="" type="checkbox"/> Bed alarm <input type="checkbox"/> Chair alarm <input checked="" type="checkbox"/> Place call light within reach <i>can't</i> <input checked="" type="checkbox"/> Other 8/28 - nightstand <i>NS</i> <input checked="" type="checkbox"/> Other 8/31/09 - self relax <i>NS</i> <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other		8/31/09	R
Discipline Codes A = Activities D = Dietary S = Social Services PT = Physical Therapy ST = Speech Therapy OT = Occupational Therapy RT = Respiratory Therapy LN = Licensed Nurse NA = Nurse Aide						
Status Codes R = Resolved C = Continued						

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