



## Paediatric Falls Risk Assessment and Management

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  I

**Complete on admission.  
Review and implement daily.**

### Mobility

Initial below each date when task is completed ▶ date:

<input type="checkbox"/> Independent			
<input type="checkbox"/> Supervision required			
<input type="checkbox"/> Some assistance ▶ specify:			
<input type="checkbox"/> Full assistance ▶ specify:			
<input type="checkbox"/> Mobility aids required ▶ specify:			

### All patients are at risk of falls and will have the following management plan implemented

Initial below each date when task is completed ▶ date:

<input type="checkbox"/> Parent/carer consulted regarding usual sleeping environment: <input type="checkbox"/> Bed <input type="checkbox"/> Cot <i>All children under 2 years will be nursed in a cot unless specified in medical notes, including specific fall minimisation strategies</i>			
<input type="checkbox"/> Parental / carer role in falls prevention discussed			
<input type="checkbox"/> Parent / carer demonstrated use of bed rails / cot sides <input type="checkbox"/> Where possible bed height should be at lowest setting <input type="checkbox"/> Consider use of bedrails if appropriate <input type="checkbox"/> Cot rails to be raised at all times			
<input type="checkbox"/> Patient / parent / carer orientated to environmental risks			
<input type="checkbox"/> Patient and parents given education and brochure (if relevant) about falls prevention			
<input type="checkbox"/> Patient and parents educated to use non slip foot wear when mobilising and wear appropriate sized clothing to avoid tripping			

### Additional risk factors:

<input type="checkbox"/> Psychological / cognitive impairment / behaviour			
<input type="checkbox"/> Anaesthesia / surgery within last 48 hours			
<input type="checkbox"/> Medical diagnosis e.g. ataxia, epilepsy, lower limb weakness, reduced oxygenation			
<input type="checkbox"/> Multiple medication usage including sedatives, hypnotics, barbituates, laxatives, diuretics			

### If yes to additional risk factors, consider implementing the following management strategies:

Initial below each date when task is completed ▶ date:

<input type="checkbox"/> Highlight specific environmental risks			
<input type="checkbox"/> Discuss increased risk with parents			
<input type="checkbox"/> Refer to Physio for mobility assessment			
<input type="checkbox"/> Assist patient with mobilising			
<input type="checkbox"/> Ensure appropriate mobility aids are available			
<input type="checkbox"/> Patient requires additional supervision <input type="checkbox"/> Patient placed close to nurses station for increased visibility <input type="checkbox"/> Visual observation at a frequency appropriate to needs _____ <input type="checkbox"/> Discuss with Nurse Unit Manager if AIN/special required			

### Signature Log ▶ All staff providing care for this patient are to complete this log

Print name and designation	Signature	Initial	Print name and designation	Signature	Initial

DO NOT WRITE IN THIS BINDING MARGIN

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