

Stumbles and Tumbles: Part II

Development of a Pediatric Fall Risk Assessment Scale

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Purpose

- Identification of criteria to be included in a fall risk assessment scale specific to our pediatric population

Background

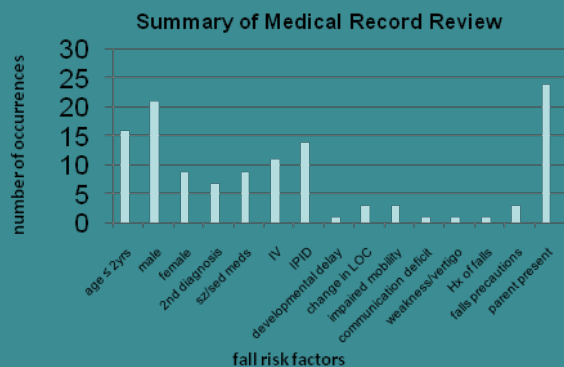
- In response to concerns from staff members regarding the accuracy of adult fall risk scales when used to assess pediatric patients, the Pediatric Practice Committee (PPC) conducted a literature review to identify risk factors that best predict falls in pediatric patients
- Utilizing those identified factors, the PPC developed a tool to audit the medical records of our pediatric inpatients who had experienced falls
- The data from those audits was analyzed and will be used to create a population specific pediatric fall risk assessment scale

Method

- This study is a retrospective patient record review
- The PPC developed an audit tool containing all of the risk factors identified in the literature
- Additional information included on the tool were age, gender, length of stay (LOS), diagnosis, and parental presence
- Confidentiality was maintained by recording the patient encounter number
- The medical record and incident report of each pediatric inpatient who fell in the past 8 years was audited for factors contributing to the fall
- 30 records were entered in the study
- The information was recorded on the audit tool
- Falls were also placed in 1 of 4 categories:

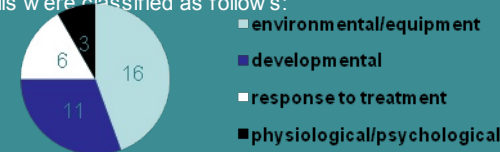
Findings

- | Demographics | | | |
|--------------|---|----------|-----------------|
| ➢ Age | ≤ 2 yrs | 16 (53%) | 3-4 yrs 8 (27%) |
| | 5-12 yrs | 3 (10%) | >12 yrs 3 (10%) |
| ➢ Gender | male | 21 (70%) | female 9 (30%) |
| | ➢ LOS range (2-10d) mode (3d) median (3d) mean (4.3d) | | |
-
- | Parental Presence | |
|--|--|
| ➢ Parent present in 24 (80%) of cases reviewed | |
| ➢ Not present in 3 (10%) of cases reviewed | |
| ➢ Not identified in 3 (10%) of cases reviewed | |
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- | Risk Factors Identified | |
|----------------------------|-------------------------|
| ➢ Less than 2 years of age | ➢ Change in LOC |
| ➢ IV or IPID present | ➢ Impaired mobility |
| ➢ Secondary diagnosis | ➢ Developmental delay |
| ➢ Sz or sedative meds | ➢ Weakness/vertigo |
| ➢ History of falls | ➢ Communication deficit |



Discussion

- Hospitalized children are in a new and unfamiliar environment placing them at greater risk for falls
- Activities that would be performed independently at home may now need supervision
- Most fallers (80%) had a parent present at the time of the fall indicating the need for specific parent education
- Falls were classified as follows:



Recommendations

- Develop a pediatric specific fall risk assessment scale
- Educate staff on the use of the new pediatric fall risk assessment scale and parent education program
- Implement the scale on the inpatient pediatric unit
- Implement parent education program concerning risk for falls
- Future studies to evaluate the effectiveness of the program

References

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- Joint Commission. (2005). Examining inpatient pediatric falls: Understanding the reasons and finding the solutions. *Joint Commission Perspectives on Patient Safety*, 5(9), 5-6.
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