Pediatric Falls in the Outpatient Setting

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PEDIATRIC FALLS IN THE EMERGENCY DEPARTMENT

Nicole Pasquarello, BSN, RN
A regulatory survey in 2012 identified fall risk assessment as an area for improvement in the Children’s ER. In response to this, it was determined that the “Fall risk screening in the outpatient population” policy would be implemented in the Children’s ER.
PICO QUESTION

PICO Question -

- **P** - In pediatric patients who present to the Children’s Emergency Department

- **I** - does a pediatric specific fall risk assessment tool

- **C** - compared to the current outpatient fall risk policy

- **O** - lead to more reliable and consistent fall risk interventions being implemented by nurses?
Knowledge v. Problem

- Iowa model triggers: Problem focused trigger: Process improvement
- The current practice is not specific to pediatrics and can be improved to implement more reliable and consistent fall risk interventions in the pediatric population
EVIDENCE

- Search engines used include CINAHL and EBSCOhost
- Key words include: pediatric fall prevention, patient safety in infancy and childhood, clinical assessment tools, risk assessment, patient assessment, accidental falls, infancy and childhood
EVIDENCE

- Pediatric falls are usually unpredictable, but often occur when two or more factors are present

- Pediatric falls involve both intrinsic and extrinsic factors

- Intrinsic factors include age, gender, developmental status, LOC/mental status, mobility, fall history, and seizure history, among other factors

- Extrinsic factors include use of a fall risk assessment tool and identifying fall risk, medications (anesthesia, sedatives, narcotics), and environmental factors (footwear, floor surface, cords/IV tubing, witnesses)

- Humpty Dumpty fall score looks at age, gender, diagnosis, cognitive impairment, environmental factors, response to sedation/anesthesia, and medication usage and scores the patient in one of two categories:
  - Low risk (score 7-11)- general fall risk interventions implemented
  - High Risk (score >12)- more extensive fall risk interventions implemented
Family and multidisciplinary staff education on fall risk prevention is key to successful integration of new tools. 

Integrative tool created from retrospective study at Children’s Hospital of Denver...I’M SAFE tool (based on Humpty Dumpty)
- Impairment, Medications, Sedation, Admit dx, Fall history, Environment of care
- Interventions assigned based on I’M SAFE score
- Pre-implementation falls/1000 patient days = .67
- Post implementation falls/1000 patient days = .51
- Sustained for two years

EMR integration of tools leads to less staff resistance

Study at Barbara Bush Medical Center reviewed several current pediatric fall tools
- Humpty Dumpty and GRAF PIC found to be the only tools that accurately identify patients at risk for falling
- This confirms Neiman results in their retrospective study in Denver that led to the creation of I’M SAFE tool
Current Practice at LVHN

- Environment of Care policy manual, “Fall risk screening in the outpatient setting”
- Fall risk is determined by the following three questions (any “yes” answer is considered a fall risk):
  - Do you use anything to help you walk (cane, walker, etc.)?
  - Do you feel unsteady on your feet?
  - Have you fallen in the past year?
- Fall risk identified on face sheet or consent for treatment (RN initials yes or no)
IMPLEMENTATION

1. Process Indicators and Outcomes – Fall risk and interventions
2. Baseline Data- Falls in the Children’s ER are rare, documentation of fall risk on consent for treatment
3. Design (EBP) Guideline(s)/Process- Survey staff’s feelings regarding current policy vs. pediatric specific policy, implement outpatient Humpty Dumpty, post-survey staff’s perceptions of fall risk interventions
4. Pilot Unit: Children’s ER
5. Evaluation (Post data) of Process & Outcomes-the staff feels positively about Humpty Dumpty and indicated they are ready for a change in practice, plan to administer post-survey after implementation
6. Modifications to the Practice Guideline- change from “Fall risk screening in the outpatient setting” to outpatient Humpty Dumpty
7. Network Implementation- possibility of implementation at Muhlenberg and 17th street ED
Practice Change

- Change from the fall risk screening in the outpatient setting policy to the use of the outpatient Humpty Dumpty scale to determine fall risk
- Humpty Dumpty fall risk will be documented in the progress note in Tsystem
- Fall risk stamp on consent for treatment will continue
RESULTS

- 60% of the nursing staff in the Children’s ER believe a pediatric specific fall risk assessment tool would be very beneficial, and 30% believe it would be somewhat beneficial.
- 60% of the nursing staff believe the current policy is not at all effective and 20% believe it is not very effective.
- 70% of the staff believe a pediatric specific tool would decrease the number of falls and 80% believe it would help them choose more appropriate interventions.
- 80% of the nursing staff are familiar with Humpty Dumpty.
- Next steps include education about the use of Humpty Dumpty and implementation in the Children’s ER.
Implications for LVHN

- More reliable and consistent fall interventions in the Children’s ER
- Improved documentation of fall risk
- Recognition of standard fall risk precautions vs. precautions for high risk patients
- Increased staff satisfaction
- Increased patient and family member satisfaction
Lessons Learned

- **Use your resources!**
  - LVHN currently utilizes an outpatient Humpty Dumpty scale, it was just not implemented in the Children’s ER

- **Listen to your staff**
  - The majority of the staff in the Children’s ER are already familiar with Humpty Dumpty and feel it would be beneficial
References


References

Strategic Dissemination of Results

- Staff indicated they prefer small group education
- Small group education on Humpty Dumpty
  - How to use
  - How to document in TSystem
- Laminated copies of outpatient Humpty Dumpty at nurses station for reference
Make It Happen

- Questions/Comments:

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