

# SECURE® Fall Monitors

## Purpose • Facts About Fall Monitors • How To Use

### Purpose:

PSC's fall monitors are designed to:

- Function as a monitoring tool; they alert caregivers when patients/residents requiring mobility assistance are getting out of bed or chair and/or up from toilet by themselves.



### Facts About Fall Monitors

Fall monitors serve as an “early warning system”; they alert nursing staff when “at-risk” patients/residents are engaging in activities that are likely to result in falls.

#### Indications for Fall Monitors

The use of fall monitors is based on specific criteria and/or risk factors.

#### Criteria

Patient/Resident:

- Experiences fall(s) from bed, chair, wheelchair or toilet.
- Experiences fall(s) shortly after leaving bed, chair, wheelchair, toilet or is found on floor after an unwitnessed fall.
- Experiences impaired mobility/ demonstrates unsafe bed, chair, wheelchair or toilet transfers.
- Experiences cognitive/communicative problems (e.g., forgets to use call bell or ask for assistance, can't remember or follow instructions).
- Experiences nocturia (i.e., excessive urination at night).

#### Risk Factors

##### History of Falls

- A history of falling is one of the most reliable predictors of future falls. Patients/residents with recurrent falls may repeat the circumstance or characteristics of their falls, such as leaving their bed and toileting at night. Knowing the circumstances of a patient's/ resident's fall(s) can help design targeted interventions and the appropriate use of fall monitors.

##### Balance or Gait Problems

- Patient/resident has problems walking or standing without assistance from a walker or requires staff assistance.

##### 4 or More Medications

- Multiple medications can inhibit motor skills and/or personal safety awareness and increase fall risk. Common drugs include those that act on the central nervous system, such as sedatives and tranquilizers.

##### Muscle Weakness

- Any weakness or impairment of the legs and/or arms (e.g., from arthritis, muscular weakness, stroke, etc) can inhibit safe transfers, ambulation and balance.

##### Newly Admitted Admission

- New admissions should be watched thoroughly until their condition is fully assessed. Many falls occur during the early period of institutionalization or the first 72 hours of stay.

##### Continence Problems

- Patients/residents with bladder problems are more inclined to get up without assistance to use the bathroom; individuals with nocturia, incontinence and those requiring toileting assistance are especially at high fall risk.

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## Cognitive Problems

- Altered mental status (e.g., confusion, disorientation or impaired memory) is one of the most important risk factors for falling. Cognitive losses can cause errors in judgment (i.e., inability to recognize a difference between safe and hazardous transfers), forgetting to use the nurse call bell or not recognizing the purpose of the call bell (i.e., not making a connection between pushing a button and getting help), and not asking for assistance or not recognizing a need for assistance (i.e., overestimating the ability to transfer and walk safely or denying any mobility limitations).

## Mobility Problems

- Inability to ambulate and transfer safely and independently. Diseases directly affecting mobility (i.e., strength, flexibility and balance) include acute and chronic conditions that affect the muscular, skeletal or neurological systems and limit a patient's/ resident's ability to move about safely.

## How To Use:

### Warning Alert (Staff)

- Warn staff that the patient/resident has changed position and is about to leave their bed, chair, wheelchair or toilet. This may give staff enough time to assist the patient/resident.
- Warn staff that the patient/resident has shortly left the bed, chair, wheelchair or toilet. This may give staff enough time to intercept the patient/resident before a fall
- Promote speedy assistance to patients/residents who have already fallen in order to promptly provide care. This can help reduce fall complications, such as the amount of time that a patient/resident lies unaided.

### Warning Alert (Patient/Resident)

- Monitor, in some cases, can warn patient/residents themselves. When a patient/resident attempts to leave their bed, the monitor can activate a verbal reminder through speakers/intercoms reminding the patient/resident to wait for staff. In some cases the sound of the monitor may prompt the patient/resident to sit back in bed, chair, wheelchair or toilet (i.e., the monitor warns the patient/resident that they are "doing something that they shouldn't be doing") and/or remind the patient/resident to call for assistance.

### Nurse Call Bell

- Serve as an alternative to nurse call bells in patients/residents who are noncompliant or unable to use their call bell because of cognitive and/or physical impairments. The nurse call bell is used immediately prior to the fall in only 3% of cases; up to 24% of individuals who do not use the call bell feel that they don't need assistance.
- Monitors, which do not require active participation by patients/residents to trigger, may be preferable to nurse call systems, which demand active participation by individuals to activate.

### Assessment/Care Planning Tool

- Serve as an assessment or planning tool by monitoring the frequency of attempts to leave the bed, chair or wheelchair, which can help identify emerging trends and interventions. Coupled with initial and ongoing risk assessments, fall monitors can inform staff about a patient's/resident's habits. For example, a patient/resident may consistently attempt to arise at a certain hour to go to the bathroom, while another resident may get up at nonspecific times, driven by an urge to wander. As a result of such a "history," nurses can adjust their attention and care to each patient's/resident's habits and needs.

### Monitoring Assistance

- Allow staff more freedom of time (avoiding constant supervision of patients/residents at risk). This provides nurses more opportunity to work with residents as opposed to spending time on surveillance or being frequently interrupted to observe patients/residents.
- Allow staff to monitor patients/residents post fall. Falls are the best predictor of future fall and up to 70% of repeat fallers engage in the same activity.



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