

Safe Mobility; Reducing Your Risk of Falls While in Hospital



Call, don't fall!

We are here to help you. If we have advised you to ask for help when getting up or moving around, please use your call bell.

You may be at greater risk of a fall in hospital if you:

- Have had a fall before
- Are in unfamiliar surroundings
- Have had an anaesthetic
- Take certain medicines. Side effects from some medicines can increase your risk of falling *
- Have poor balance, dizziness or low blood pressure
- Have an infection
- Have to rush to the toilet or go more frequently
- Feel anxious or confused about things
- Have poor eyesight or poor hearing
- Are feeling more tired than usual

Your health professional will discuss your falls risk with you and your family/whānau; then plan with you the best ways to help keep you safe—this will be your Safe Mobility Plan.

What you can do to lower your risk

- Follow your Safe Mobility Plan
- Use your call bell to ask for help
- Keep mobile and use your walking aid if you have one
- Wear well fitting, nonslip footwear when moving around

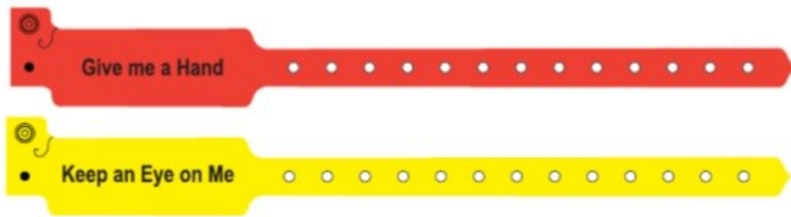
Safe Mobility Plan

Most falls happen when people are getting in or out of bed, by their bedside chairs or when going to the toilet. To help you move around safely in hospital you will have a Safe Mobility Plan. We will plan your Safe Mobility Plan with you and your health care team will keep the plan up to date.

Keeping as active as you are able while in hospital will help you recover faster and regain independence sooner.

Traffic Light System

Your safe mobility plan uses a traffic light system to show the level of assistance you need when moving about your bed space or walking. We may give you a coloured wrist bracelet to wear, or have a coloured tag on your mobility aid.



If you fall in hospital

A health professional will see you and will talk to you about your fall, check for injuries and review your Safe Mobility Plan.

When you leave hospital

A number of community programmes are available for people who have fallen or are at risk of falling. Please ask your health care team for information about these programmes.

For further information on reducing your risk of falling

- *Preventing Falls by Managing Medications
- Preventing falls: go to healthinfo.org.nz and search falls
- Reducing harm from falls: go to hqsc.govt.nz

If you do not have access to the internet please ask one of your health care team to print the information for you.

This brochure has been adapted from the HQSC 'Falls Hurt' Patient Information and Taranaki DHB brochure 'Reducing Your Risk of Falls Whilst in Hospital'

My Name : _____ Today is : _____

Things I would like you to know about me : _____

I expect to leave Hospital on: _____

My Doctor : _____

My Nurse : _____

Sometimes I get confused

I am at risk of falling

Visually Impaired Hearing Impaired Communication Impaired

Bed Mobility Sitting Up Sitting Into Bed Transferring Standing Up Standing Walking

Hoist Standing Lifter Wheel Chair Gutter Frame Walking Frame Walking Stick No Aid

Nil by Mouth Fluid Restriction

Food Allergy

Diet: Normal High protein energy Diabetic Puréed Texture: Soft & bite sized Mince & moist Oral fluids: Moderately thick Mildly thick No oral fluids

Assistance with meals: Assistance Supervision Independent

Other diet : _____

Bathroom: Toilet Shower

Equipment: _____

Other: _____

Notes: _____

Canterbury District Health Board

My Name : _____ Date / Day : _____

Things I would like you to know about me : _____

I expect to leave Hospital on: _____

My Doctor : _____

My Nurse : _____

Sometimes I get confused

I am at risk of falling

Visually Impaired Hearing Impaired Communication Impaired English is not my first language

Bed Mobility Transferring Walking

Hoist Standing Aids Wheel Chair Gutter Frame Walking Frame Walking Stick

Notes: _____

Fluid Restriction

Food Allergy

Diet: Normal High protein energy Diabetic Puréed Texture: Soft & bite sized Mince & moist Oral fluids: Moderately thick Mildly thick No oral fluids

Assistance with meals: Assistance Supervision Independent

Other diet : _____

Bathroom: Toilet Shower

Equipment: _____

Other: _____

Notes: _____

Canterbury District Health Board