

Mrs. Jones, a 89 yo with Parkinson's disease and some dementia, values her independence and freedom to move about even though she is prone to falls. She detests the chair alarms and hides them. Currently she is falling 2-4 times a month, mostly when she tries to transfer herself back to bed, in the evening or out of bed at night.. Most falls are non-injury falls. She has had some bruising and skin tears. She is on 11 medications, including two diuretics.

Traditional Care Plan

Problem	Goal	Intervention
At risk for falls	Resident will be free from falls and injury Nursing staff to respond to alarms	Use a pressure change alarm in her chair seat and a position change alarm attached to her clothes when in wheelchair When in bed use mat alarm and position change alarms Remind her to sit down when alarm goes off and remind her not to remove them Tell her that they are to keep her safe
Poor compliance with safety plan: removes alarms and gets up without asking for assistance particularly in the evenings after supper	Resident will keep alarms in place	Double alarm her as above Remind her to use call light and to ask for help Remind her she has to wait until all are fed to return to her room. Tell her this allows all residents to enjoy a hot meal. Prevent her from leaving the dining room after supper until CNA is free Document reminders are done
Poor judgment	Resident will not ambulate without assistance	Remind her not to walk without assistance Have CNA ambulate her Q 4 h when awake Use at least two alarms to monitor movement Family meeting to explain her non-compliance with safety plan

Person-directed Care Plan

Problem /Strength	Goal	Intervention/ Approach
<p>Helen is independent and motivated to keep walking but balance is poor, secondary to Parkinson's disease and weakness</p>	<p>Support her independence with walking, build strength and endurance and modify all risk factors possible</p> <p>Reduce number of falls to 1-2 to per month</p> <p>Minimize injuries related to falls</p>	<p>Encourage Helens' walking by offering to walk with her at the times she is most likely to want to walk (10:00am, 1:00AM, 3:00pm,)</p> <p>All staff will respond by assisting her when they see her rising from her chair</p> <p>Ask for a PT consult to determine if a candidate for an upright wheeled walker.</p> <p>Encourage to attend exercise group and walk to meals with assistance (unless too tiring)</p> <p>Monitor all falls for time, place, behaviors and degree of injury to determine patterns</p> <p>Proactively discuss this safety plan with surveyors, protective services and family (<i>those you fear</i>)</p> <p>Discuss tx of osteoporosis with Dr.</p> <p>Review meds with pharmacist and Dr. –reduce if possible; look to reduce to one diuretic and alter time given.</p> <p>Consider hip protectors</p> <p>Continue restorative care</p> <p>Have her consistently assigned CNA walk with her as often as possible ; encourage other staff to walk with her when they observe her rising</p> <p>Keep her elbows and forearms covered with stockinette, protectors or clothes to minimize skin tears.</p> <p>Have PT assess for proper bed height, shoes, lighting and placement of bed and furniture in her room.</p>
<p>Poorly fitting wheelchair</p>	<p>Comfortable seating and seated mobility, that promotes independence</p>	<p>Discuss with family purchase of more comfortable wheelchair that would provide comfort, independence and stability as her Parkinson's progresses</p>
<p>Does not like alarms and removes them</p>		<p>Ask for family meeting to explain her revised safety plan. Explain to them there is no evidence to support that alarms make her safer.</p> <p>Remove all chair and bed alarms, honoring her request</p>
<p>Wishes to go to bed right after dinner</p>		<p>Have the CNA assigned to residents with high fall risk walk or wheel her back to her room (depending on her energy level) after dinner as she wishes and assist her to lie down</p>