Guidance Related to Infant Falls Prevention and Management

Introduction

The Connecticut Hospital Association (CHA) and the Connecticut Department of Public Health (DPH) have partnered to address the emerging issue of infant falls in hospitals, with a focus on newborns. This issue has only recently become part of the national patient safety dialogue; as such, there is a lack of both useful research and proven evidence-based practices available to hospitals to assist in designing policies and procedures relating to preventing and responding to infant falls.

Through the Infant Fall Prevention Work Group, CHA hospital representatives came together to discuss current practices and assess the few resources available, with the goal of identifying key considerations for sound policies and procedures on infant falls. The following materials reflect the consensus of CHA and DPH on the appropriate areas that form the core elements of a well-crafted set of policies and procedures relating to infant fall prevention and response.

The materials are not intended to serve as a substitute for a hospital's policies or procedures, but are provided as guidance on the minimum considerations and level of detail that DPH expects would be addressed in each facility’s policies and procedures. Hospitals may choose to adopt systems and practices that are more extensive or stringent than what is represented in these materials.

The areas covered in these materials are:

- Prevention of Infant Falls – Assessment of the Mother
- Prevention of Infant Falls – Development of a Care Plan
- Post Infant Fall Clinical Assessment and Management

Prevention of Infant Falls – Initial Assessment of a Mother Upon Admission to the Maternity/Birthing Unit

- The initial assessment of a mother upon admission to the maternity/birthing unit is a critical part of preventing infant falls. Whenever possible, every mother, upon admission to the maternity/birthing unit, should be assessed to determine the risk of infant falls.
- The assessment must be conducted by a registered nurse or higher-licensed individual (e.g. advanced practice nurse), and documented in the patient record.
- The frequency of observations and collection of data will be conducted as determined by the plan of care, and reported accordingly.

The following is a list of the factors that might be used as part of a risk assessment of the mother upon admission:

- Mother's age, developmental status, previous experience with newborns
- Mental status/orientation
- Medication/sedation
- Level of fatigue
- Physical or mental disability/limitation
- Maternal history of substance abuse or positive prenatal drug screen
- History of falls (maternal or infant)
- Knowledge/understanding of care and safety information provided
- Family/significant other support
- Mother's level of pain
- Maternal blood loss
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Prevention of Infant Falls – Initial Assessment of a Mother Upon Admission to the Maternity/Birthing Unit (cont’d)

- Members of the healthcare team who are not licensed registered nurses or higher-licensed individuals (e.g., LPNs, unlicensed assistive personnel) may observe and collect data to contribute to the plan and ongoing care of mothers and infants, but are not qualified to make the overall assessment. Examples of observations/data collection that may be conducted by LPNs or unlicensed assistive personnel as outlined in the facility’s policy include:
  - Observation of mother/baby comfort, positioning, and sleep status
  - Patient reports of fatigue
  - Vital signs
  - Presence of family/visitors
  - Presence of circumstances potentially elevating risk of falls (e.g., equipment in room, potentially dangerous interactions of family/visitors)

Prevention of Infant Falls – Development of an Infant Falls Prevention Plan

- An appropriately-updated plan of care should include an infant fall prevention plan that reflects post-delivery risk assessment.

After making an assessment of the mother, an infant falls prevention plan should be developed as part of the overall plan of care. The infant falls prevention plan, based upon the initial assessment, is developed by a registered nurse or higher-licensed individual. As appropriate, the plan may include such interventions as:
  - Patient/family education
  - Nature and frequency of observation of mother and child
  - Nature and frequency of reassessment of the mother
  - Rest and medication regimens

Post-Infant Fall Clinical Assessment and Management

- If an infant falls while in the care of the mother or a family member while in the hospital, prompt assessment of the infant shall be made.

The following information is drawn from research and review of available medical literature by CHA and the Work Group, consultative input from Connecticut pediatric trauma experts, and discussions with DPH.

Prompt Assessment/Notification of Physician Responsible for Infant:

- A registered nurse should be notified immediately in the event of an infant fall.
  » Staff and patients should be educated on how to call for a nurse, in the event of a fall.
- A registered nurse (or higher-level practitioner) will conduct a prompt, triage level assessment, and ensure the notification of a physician responsible for the infant.
  » A physician will establish the subsequent plan of care, in terms of monitoring and potential diagnostic tests.
- Rest and medication regimens
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Considerations in Clinical Management

- The responsible physician may conduct a physical examination depending on the information received from the initial assessment.

- An infant that has fallen in a face-down position should be turned over onto his/her back.
  
  » There is no current literature to suggest an infant should be immobilized or placed in a cervical collar, as neck injuries are uncommon in newborns that have suffered a fall. A cervical collar can have unintended consequences. If the collar is ill-fitting, the wrong size, or incorrectly placed, it can cause an airway obstruction.

- A 12 to 24-hour observation period, with neurologic checks, may be indicated.
  
  » If clinical symptoms present, skull radiographs or CT scan of the head may be indicated.
  
  » Examples of indications for imaging of the head include: loss of consciousness of any time duration, evidence of seizure activity, crepitus, boggy scalp, bulging fontanel, abnormal behavior per parent or clinician opinion, change in feeding or sucking, and vomiting.

- The responsible physician may consider the inclusion of specific fall-related information/recommended activity in discharge instructions as appropriate.

References and Available Resources


- The Joint Commission requires that hospitals assess and manage patients’ risks for falls (PC.01.02.08) as appropriate for patient populations and setting and implement interventions to reduce falls based upon risk assessment. The Joint Commission also requires that hospitals have an organization-wide safety program as part of their performance improvement activities (LD.04.04.05).