

Improving Fall Risk Identification in Pediatric Patients



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BACKGROUND

Pediatric patients at ECU Health are screened for falls risk using the Humpty Dumpty (HD) falls risk tool. This risk assessment is utilized in many other children's hospital, however there is a high false positivity rate using the HD tool. Over 50% of the pediatric patients were identified as high risk for falls using HD. We sought to create a pediatric fall risk rapid screen to improve identification of pediatric patients at high risk for falls.

PROJECT AIM

Inpatient pediatric patients at ECU Health will be screened with a pediatric fall risk rapid tool within 6 months and have zero injury falls in 12 months after implementation.

PROJECT DESIGN/STRATEGY

The Children's Hospital Quality Group (CHQG) collaborated with Office of Quality. We reviewed the current fall risk screening tools, pediatric fall events, and high and low falls risk pediatric patients over a 2 month period. We identified criteria for a pediatric fall risk rapid screen which was approved by children's and quality leaders. The pediatric falls risk rapid screen was built into Epic. Education was completed via tip sheets and unit rounding.

Pediatric Fall Risk Rapid Screen

Paralyzed/Sedated/Immobile
<= 24 Months of Age

Group Information

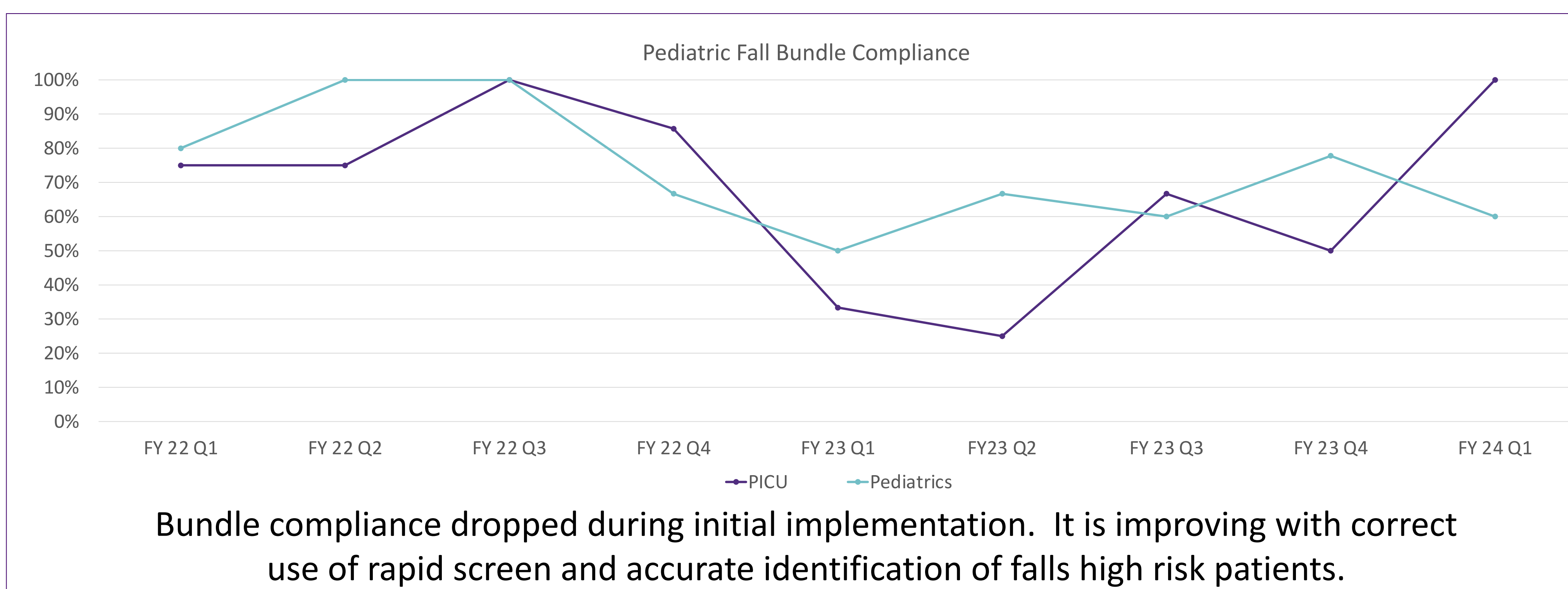
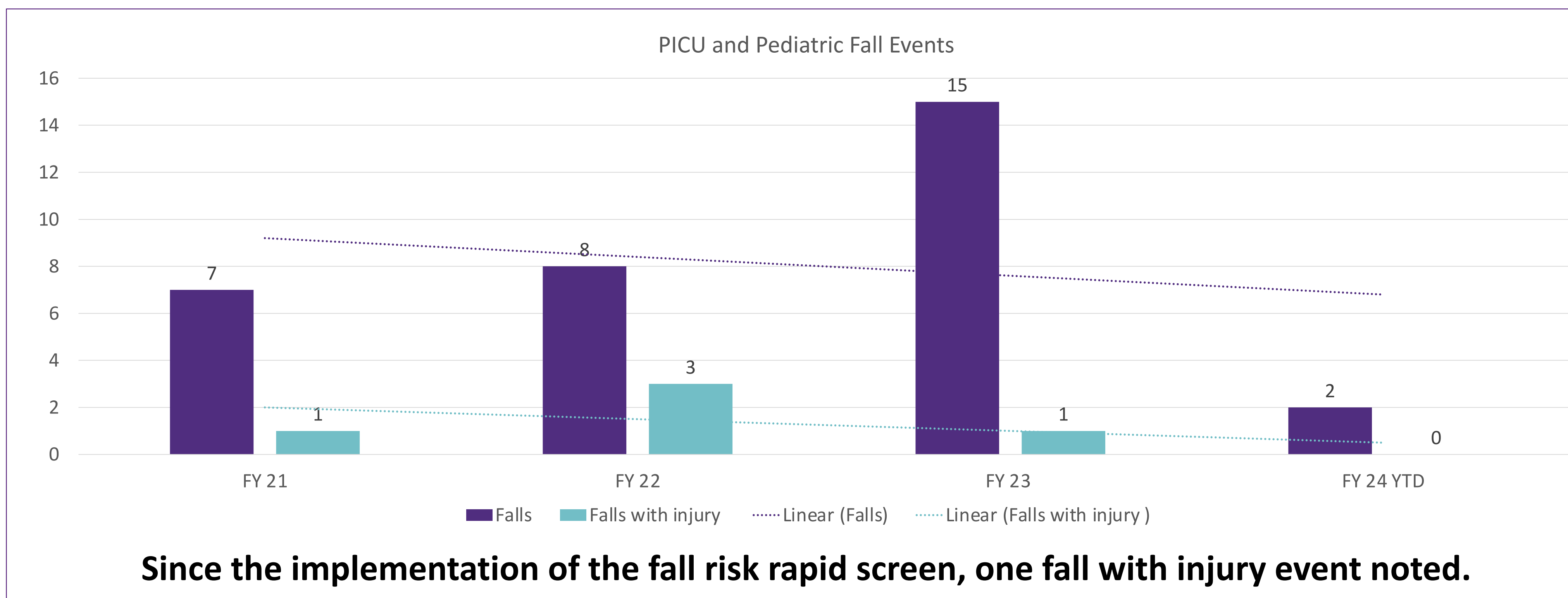
If **YES** to either question, do not complete Humpty Dumpty Risk Scoring Tool, Implement Pediatric Universal Safety Precautions.

If **NO** to both questions, complete the Humpty Dumpty Risk Scoring Tool & implement Falls Precautions as appropriate.
[Interventions Pediatric Falls Tools](#)

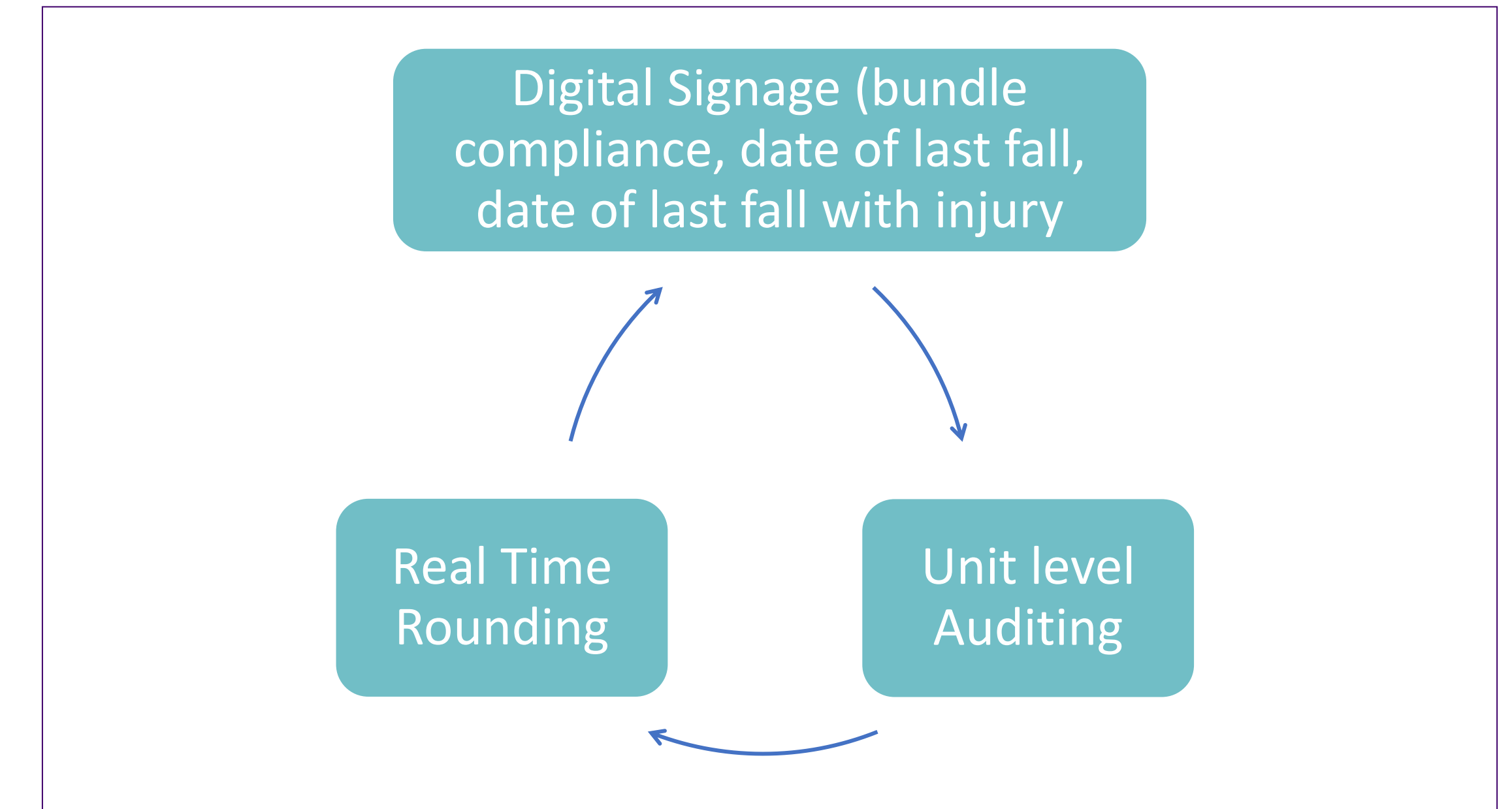
CHANGES MADE (PDSA CYCLES)



RESULTS/OUTCOMES



ONGOING INTERVENTIONS



LESSONS LEARNED

A pediatric fall risk rapid screen did improve identification of pediatric patients at high risk for falls by reducing false positive results on the HD tool.

Only 10-15% of patients are identified now as high risk using the falls rapid screen.

Feedback from nursing has been positive for more accurate identification of high risk falls patients and reduce high risk fatigue.

Utilization of the falls tool (rapid screen and/or HD) correctly is an ongoing challenge.

NEXT STEPS

Recommend continuing to use the rapid screen on all pediatric patients and expand education to increase utilization of the rapid screen in the pediatric emergency department and inpatient rehabilitation.

REFERENCE

Pauley, B. J., Houston, L. S., Cheng, D., & Johnston, D. M. (2014). Clinical relevance of the Humpty Dumpty Falls Scale in a pediatric specialty hospital. *Pediatric nursing, 40*(3), 137-142.

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