



Royal College  
of Physicians

# Falls prevention in hospital: a guide for patients, their families and carers



## How to use this guide

The aim of this guide is to provide you with information on your care, and to let you know what effective falls prevention looks like in hospitals in England and Wales.

We encourage you to ask questions to the doctors and nurses looking after you, and to discuss what can be done to reduce the risk of falls.

## Can we prevent falls?

Just like in general life, it is not possible to prevent all falls in hospital. However, we can work together to reduce the chances of this happening.

Research has shown that when staff such as doctors, nurses and therapists work together, they can reduce falls by 20–30%. You and your family can also help by being aware of the risks and the actions you can take, as well as talking to the people looking after you about falls prevention.

# What can I do?

The following twelve-point checklist can be used by patients and their carers and families.



Tell the nurse or doctor looking after you if you have fallen in the past year, are worried about falling, or have a history of falls.



Use your call bell if you need help to move, in particular, if you need help going to the toilet.



Make sure glasses are clean and used as prescribed. Ask for help if you are having trouble seeing.



Use your usual walking aid, keep it close by and check for wear and tear on the rubber feet. Never lean on hospital furniture as it's often on wheels.

When getting up:



- > sit upright for a few moments on the edge of your bed before standing
- > get up slowly and make sure you feel steady before walking.



Do some simple leg exercises before getting up from your bed or chair:

- > point your toes and release a few times
- > tighten the muscles in your calves and then release them
- > move your legs up and down if you can, to get the circulation going.



If you feel dizzy – stop, sit down, and let the ward staff know.



Drink regularly and eat well.



Be familiar with your bedside environment. Ask for clutter to be moved if your path isn't clear.



Make sure your shoes or slippers fit well, grip well and cannot fall off.



Take care in the bathroom and toilet. Ask for help if you need assistance.



It is also important to make sure that you receive a falls risk assessment – see ‘What should hospitals be doing?’ (p 12) for more information.

# How can others help?

Your family, friends, or carers can also help reduce the risk of falls with this checklist.

## **Tell the ward staff**

- > if you think your relative/friend is at risk of falling
- > if your relative/friend:
  - has fallen in the past year
  - is feeling dizzy, confused or not their normal selves (could this be delirium?)
  - has dementia
  - has a vision impairment
- > if there is a spillage that may cause a slip hazard.

## **Before family, friends or carers leave**

- > Check the bed space – and area around it – is clear of obstacles.
- > Make sure the call bell, walking aid and glasses are within reach.
- > Ensure they take any belongings that aren't needed with them.




**Use your call bell  
if you need  
help to move**



# What to look out for

## What can be done on the ward?

Many things can cause falls. This table shows the findings from the National Audit of Inpatient Falls (see p 14 for more information), and identifies areas for hospitals to improve care.

	Recommendation	How does this help?
	<b>Call bells</b> should always be within reach of a patient.	If you cannot move safely without help, it is essential that you can use your call bell to ask for assistance.
	All patients should have a <b>simple vision assessment</b> when staying in hospital.	If you can't see where you're going, it makes it difficult to avoid obstacles. Even if you wear glasses, you should still have your vision assessed.
	Patients should have their <b>medications reviewed</b> and changed if appropriate.	Some medications – or combinations of medications – make people dizzy and increase the chances that they will fall over. A doctor or a pharmacist can sometimes adjust the medications to make these side effects less likely.



Recommendation	How does this help?
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Patients who need **walking aids** should be able to reach them.

If you need a walking aid to walk safely, it's important you have it before you start walking.



Patients should have their lying and standing **blood pressure** measured.

Some people experience a drop in blood pressure when they stand up. This makes them dizzy and can cause them to faint. If the people treating you are aware that you get dizzy when you stand up, they may be able to change parts of your care or give you tips to prevent this from happening.



**Tests should** be made to check for **dementia** or **delirium (confusion)**.

Dementia is a syndrome that causes memory loss and difficulties with daily life. Delirium is a state of mental confusion that can happen if you become medically unwell.






Patients with delirium or dementia should have a **special care plan**.

If you're confused and having trouble remembering things, an unfamiliar environment can be particularly tricky. Patients who have dementia or delirium need special care to help with their stay in hospital.



**Bedside environments  
should be clear from  
clutter and hazards**

Recommendation	How does this help?
 <p>Patients who have <b>continence</b> issues should have a continence care plan.</p>	<p>If you have difficulties with bladder and/or bowel control, there needs to be a plan in place to help you move regularly and safely to the toilet.</p>
 <p><b>Safe footwear</b> should should be worn.</p>	<p>Well fitted shoes or slippers with gripping soles will help you move safely while in hospital.</p>
 <p><b>Immediate bedside environments</b> should be clear from clutter and hazards.</p>	<p>Keeping the space around your bed and the route to the nearest toilet clear makes it easier to move around safely.</p>

View our falls safety resources, co-produced with patients, on the NAIF resource repository:

[www.rcp.ac.uk/projects/outputs/naif-resource-repository](http://www.rcp.ac.uk/projects/outputs/naif-resource-repository)

# What should hospitals be doing?

## How to tell if a person is at risk of falling

Hospitals should assess all patients aged 65 and over and those who are 55–64 and judged by a doctor or nurse to be particularly at risk of falling.<sup>1</sup> This is called a multifactorial falls risk assessment and looks at lots of different things that can put you at risk of falling. The guidance focuses on patients aged 65 and over because they have the highest risk of falling.<sup>1</sup>

Once you have been assessed to see if any of these risk factors apply to you, staff can alter your care accordingly to reduce the risks. This means that someone in the hospital should look at each risk factor – such as those mentioned in this booklet. Interventions should be given if needed. They should speak to you and/or your carer/family about this process.

## Bed rail use

We recommend that hospitals should regularly check that bed rails are being used properly and appropriately. Bed rails can be useful for some patients. For others, they may create a barrier to independence and could be dangerous, especially if the patient is likely to try and climb over them.

## Make practice match policy

We found that while many hospitals have good falls policies, many had difficulty putting this into practice. We recommend that all hospitals should review their multifactorial falls risk assessment and ensure it includes all elements recommended by the National Institute for Health and Care Excellence (NICE) guidance (see p 14).

<sup>1</sup> [www.nice.org.uk/guidance/cg161](http://www.nice.org.uk/guidance/cg161)

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**Compare your local healthcare provider's performance against the national average online:**  
**[www.fffap.org.uk/fffap/naifrep.nsf/charts/KPIsoverview](http://www.fffap.org.uk/fffap/naifrep.nsf/charts/KPIsoverview)**

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### **Hospital staff falls group**

Preventing falls in hospital is a job for all staff in all hospitals. It is also important that hospital managers take an interest and encourage all staff to try and prevent falls. We recommended that all hospitals should have a special staff falls group that:

- > meets regularly
- > involves representatives from all the main groups of staff – including doctors, nurses, therapists and managers etc
- > reviews how they are doing in reducing both the number of falls happening to patients, and what is being done to prevent them.

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**How can I as a patient, help improve care in hospital?**  
**Hospitals are required to make improvements to their services. They often have a patient and public involvement group who advise them on patient feedback that you could join to provide constructive suggestions to improve patient care.**

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# Additional information about our project

The data presented in this report come from the National Audit of Inpatient Falls. The audit is managed by the Royal College of Physicians (RCP) and funded by the Healthcare Quality Improvement Partnership (HQIP).

## How did we collect the information?

We asked all hospitals how well they were doing in putting national guidance from NICE about preventing falls in hospital into practice. NICE reviews scientific evidence and makes recommendations based on this evidence to help staff give patients the best possible care.

In May 2015, staff in hospitals across England and Wales collected information from:

- > patient notes
- > observing the patient's bedside environment
- > existing hospital policies related to falls prevention for patients staying overnight in hospital.

Each site collected this information on up to 30 patients, who were over 65 and on their third day in hospital.

## Who was involved?

- > Acute hospitals in England and Wales.
- > 96% of hospitals in England and Wales told us about their falls services and procedures.
- > 90% of hospitals in England and Wales told us how well they did when putting the guidance into practice with patients.

# Acknowledgements

We would like to thank the following contributors for making this booklet possible:

- > Khim Horton – independent researcher/consultant
- > Shelagh O’Riordan – consultant geriatrician, East Kent Hospitals University NHS Foundation Trust
- > Julie Whitney – clinical lecturer, Clinical Age Research Unit, King’s College Hospital
- > Julie Windsor – patient safety lead, older people and falls, NHS Improvement.

In September 2022 the information presented in this resource was reviewed and updated where necessary.

## Notes

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# Part of the Falls and Fragility Fracture Audit Programme (FFFAP)

A suite of linked national clinical audits, driving improvements in care; managed by the Royal College of Physicians.

- > National Hip Fracture Database (NHFD)
- > Fracture Liaison Service Database (FLS-DB)
- > National Audit of Inpatient Falls (NAIF)

[www.rcp.ac.uk/fffap](http://www.rcp.ac.uk/fffap)

This document was published in August 2016 and updated in September 2022 to ensure compliance with current guidelines.

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