



# ASPAN

American Society of PeriAnesthesia Nurses

## Clinical Practice: Frequently Asked Question

**Q: Does ASPAN have any recommendation regarding best practice for fall risk assessments? Are there any recommendations for fall prevention?**

**A:** Keeping patients safe, especially once they have been exposed to anesthetic agents, reminds us this is a particular challenge for perianesthesia nurses everywhere. The fall risk assessment starts with the preoperative assessment, whether in person or by phone. This assessment is confirmed on the day of surgery. Generally included in the health history is a report of a recent or remote fall history.

Fall risk assessment on the day of surgery starts as the patient enters the facility. Check the patient's gait, look for assistive devices, or assistance from the person accompanying them. Many of the same day surgery procedures are done on limbs or on patients with sports injuries, and often the affected limb will alter the ability of the patient to ambulate with confidence. In the preoperative assessment, the perianesthesia registered nurse (RN) documents a risk score using an appropriate tool (if available) in the EHR. The ASPAN 2019-2020 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements Practice*, Recommendation 2: Components of Assessment and Management of the Perianesthesia Patient<sup>1</sup> highlights data elements for assessment during all phases of care. Throughout the continuum of care, the RN elicits information regarding mobility, history of falls, and sensory limitations that can contribute to falls. Factors to consider include historical and current medications, the age of the patient, or other comorbidities that alter the ability to maneuver without an assistive device.

It is important to provide continuity in the clinical assessment by using the same assessment techniques and tools provided by the facility and throughout the facility. The fall risk assessment made preoperatively should track consistently area to area as the patient transitions through the different levels of care. While there are several fall risk assessment tools available for use, ASPAN does not recommend one over another. One of the elements that is desirable in selection of a tool is the ease of use and interrater reliability. LeCuyer, et al, in their 2017 article, address the need for a good fall risk assessment screening in the ambulatory surgery setting; many elective surgeries are moving to that venue and we want to be prepared to keep patients and ourselves safe.<sup>2</sup>

### References:

1. American Society of PeriAnesthesia Nurses. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ; ASPAN: 2018. Pp 40-48.
2. LeCuyer M, Lockwood B, Locklin M. Development of a fall prevention program in the ambulatory surgery setting. *J Perianesth Nurs*. 2017;32(5):472 – 479.

*This FAQ was reviewed and updated September 2019*