



Preventing Falls — What You and Your Family Can Do

Patient and family leaflet. A4, folded once

Why falls happen in hospital

You are unwell, in an unfamiliar room, often on medicines that make you dizzy or sleepy, with a drip or a catheter attached. Most falls happen getting out of bed or going to the toilet, and most happen at night. They are common, and most are preventable.

What the ward does

- Assesses your risk of falling when you arrive and again if anything changes
- Keeps the bed low and the brakes on, the call bell and your things in reach, a light on at night
- Checks on you regularly and helps you to the toilet before you have to ask
- Reviews your medicines for anything that increases the risk

What you can do

- **Call, don't fall.** Use the call bell and wait for help to get up, especially at night and for the first day after surgery or a new medicine.
- Wear non-slip footwear, not socks or loose slippers.
- Keep your glasses and walking aid within reach, and use them.
- Sit on the edge of the bed for a minute before standing.
- Tell the nurse if you feel dizzy, weak or confused, or if you fell at home in the last months.

What family can do

- Tell the nurse about falls at home, poor eyesight, night confusion.
- Bring proper shoes and the walking aid from home.
- Stay when you can at the times of greatest risk — evenings and after procedures.
- Ask what the falls plan is, and ask again if it is not being followed.

If you are worried about a fall or about how one was handled, tell the ward — and if you prefer to tell someone independent, scan the Patient Voice QR code on the ward or call the ASF hotline. You may stay anonymous.

ASF standards: Universal Floor — falls prevention; Standard 2 — patient information