Organisation name Site or unit		GUIDELINE Falls Prevention in Hospital Patients	
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Signature			

Standards › **Standard 1** › **Guidelines**

Clinical guideline · PSF-GDL-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 1.4

Key recommendations at a glance

- R1. Assess every patient for falls risk on admission and after any change (Strong, EC).
- R2. Review medicines that increase falls risk for every high-risk patient (Conditional, EC).
- R3. Set an individual intervention for each risk factor and record it in the care plan (Strong, EC).
- R4. Treat every fall as a learning event; review it within 72 hours (Strong, EC).

1. 1. Purpose and users

To give clinicians and managers one set of recommendations on preventing falls in hospital, which the falls SOP (PSF-SOP-001) and the falls forms carry out.

Who should use it	Nurses, doctors, pharmacists, physiotherapists and occupational therapists; ward and quality managers
Who should not rely on it alone	Clinicians managing patients with specialist falls problems (for example, after a head injury or with a seizure disorder), who must follow specialist advice

2. 2. Definitions

Term	Meaning
Falls risk	The chance that a patient will fall during their stay, based on individual factors
Multifactorial assessment	An assessment that looks at several risk factors together, not one alone

3. 3. Background

WHO identifies falls as a major and preventable cause of injury, especially in older people. Its global report recommends a multifactorial approach: assessing individual risk, tailoring interventions, reviewing medicines, and improving the environment and staff practice [E-008].

In hospital, the risk is higher for patients who are new to the ward, confused, on sedating or blood-pressure medicines, or who have reduced mobility.

4. 4. Recommendations

No.	Recommendation	Strength	Certainty	Evidence
R1	Assess every adult patient for falls risk within the first hours of admission, and again daily and after any change in condition or medicine.	Strong	EC	E-008, E-009
R2	Review all medicines that increase falls risk (sedatives, antihypertensives, diuretics, opioids, hypoglycaemic agents) for every patient classed as high risk.	Conditional	EC	E-008, E-009

R3	Set an individual intervention for each positive risk factor, and record it in the care plan. Do not use a generic list without checking each patient.	Strong	EC	E-008, E-009
R4	Do not use restraint as a falls intervention.	Strong	EC	E-009
R5	Review every fall within 72 hours to find the cause and change the intervention. Record the review.	Strong	EC	E-009

5. 5. How the evidence was assessed

Recommendations are drawn from the WHO global report on falls prevention [E-008]. Strength and certainty are graded by the ASF Expert Committee.

The ASF Expert Committee will confirm the thresholds, assessment times and review intervals in the falls SOP and the score bands in PSF-FRM-002.

6. 6. Implementation

Area	What to do	Who
Staff training	Induction and annual falls training for all clinical staff	Clinical education lead
Assessment tool	Use PSF-FRM-002; check it is in every ward file	Chief nurse
Medicine review	Pharmacist reviews high-risk patients within 24 hours	Pharmacist in charge
Equipment	Low beds, call bells, footwear and walking aids available on each ward	Facilities manager

7. 7. Linked SOPs and forms

Recommendation	SOP or form that carries it out
R1 (assessment)	PSF-SOP-001, PSF-FRM-002
R2 (medicines)	PSF-SOP-001 step 3; pharmacist review (SOP-044 generic)
R3 (interventions)	PSF-SOP-001 step 2
R4 (restraint)	Restraint policy (generic)
R5 (review of falls)	PSF-SOP-001 step 6; PSF-FRM-001

8. 8. Monitoring

Indicator	Target	Frequency	Who
High-risk patients with interventions in the care plan	100%	Monthly	Chief nurse
Falls per 1,000 patient days	Trend reported; target set by committee	Monthly	Chief nurse
Falls reviewed within 72 hours	100%	Monthly	Quality lead

9. 9. Limits, exceptions and advice

- This guideline applies to adults in hospital. Children and people in community settings need their own adaptation.
- Specialist advice is needed for patients with complex neurological or cardiac causes of falls.
- Where a recommendation conflicts with a patient's own wishes, discuss the risk and document the decision.

10. 10. Review

Review every 12 months, or sooner when new evidence is published, after a serious falls event, or when a linked SOP changes.

11. 11. Evidence

Reference	Note
E-008	World Health Organization. Global Report on Falls Prevention in Older Age (2007).
E-009	ASF Expert Committee consensus.

12. 12. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version linked to PSF-SOP-001	Approved by the ASF Expert Committee
1.1	the date of approval	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee

Planned course: Hospital falls prevention, based on the falls guideline. New course planned.

13. References

- World Health Organization (2007). WHO Global Report on Falls Prevention in Older Age. Geneva: WHO. **Open source** (E-008)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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