Key Steps — Fall prevention — the practice points

LevelUpRN's fundamentals lecture on fall prevention and restraints (Meris Shuwarger, BSN, RN). The checklist lists the practice points it teaches.

- ☐ 1. Assess fall risk on admission, after any change in the patient's condition, and after any fall — risk is not a one-time judgement.
- ☐ 2. Know the common risk factors: a previous fall, certain medications, confusion, mobility problems, and needing the toilet urgently or often.
- ☐ 3. Set up the environment: bed at its lowest height with brakes locked, the call bell within reach and its use shown to the patient, a clear path to the bathroom, good lighting, and belongings close at hand.
- ☐ 4. Non-slip footwear for every walk — never let a patient at risk walk in socks or loose slippers.
- ☐ 5. Assist and supervise walking and toileting for patients at risk; scheduled toileting rounds prevent the risky unassisted trip.
- ☐ 6. Keep assistive devices within the patient's reach and use them correctly — a walker left across the room prevents nothing.
- ☐ 7. Review risk with the team: sedating medicines, blood pressure that drops on standing, and new confusion all raise the chance of a fall.
- ☐ 8. Treat restraints as a last resort, not a fall-prevention strategy: they carry their own risks, require an order and close monitoring, and least-restrictive alternatives always come first.
- ☐ 9. After any fall: check for injury, complete the observations your protocol requires, inform the team, and document and report the fall.

Watch the demonstration: medicalvideos.com/watch/fall-prevention-and-restraints-fundamentals-of-nursing-practice-amp-skills-leveluprn_hN2ct5DX8HOvijx.html • More Patient Care & Mobility skills: medicalvideos.com/nursing/patient-care-mobility.html
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Steps summarise this demonstration for education and do not replace your institution's protocol, which always governs. Content reviewed by Dr. Mohamed Ibrahim, MD, PhD — physician-scientist. October 2026.