

Fall Prevention Strategies in a Pediatric Epilepsy Monitoring Unit

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Practice Problem

In 2023, our Epilepsy Monitoring Unit (EMU) had 8 falls, 5 with injuries, up from zero falls with injury in 2022. Enhancing patient and family education on fall risks and prevention is crucial for improving safety and reducing falls.

PICO Question

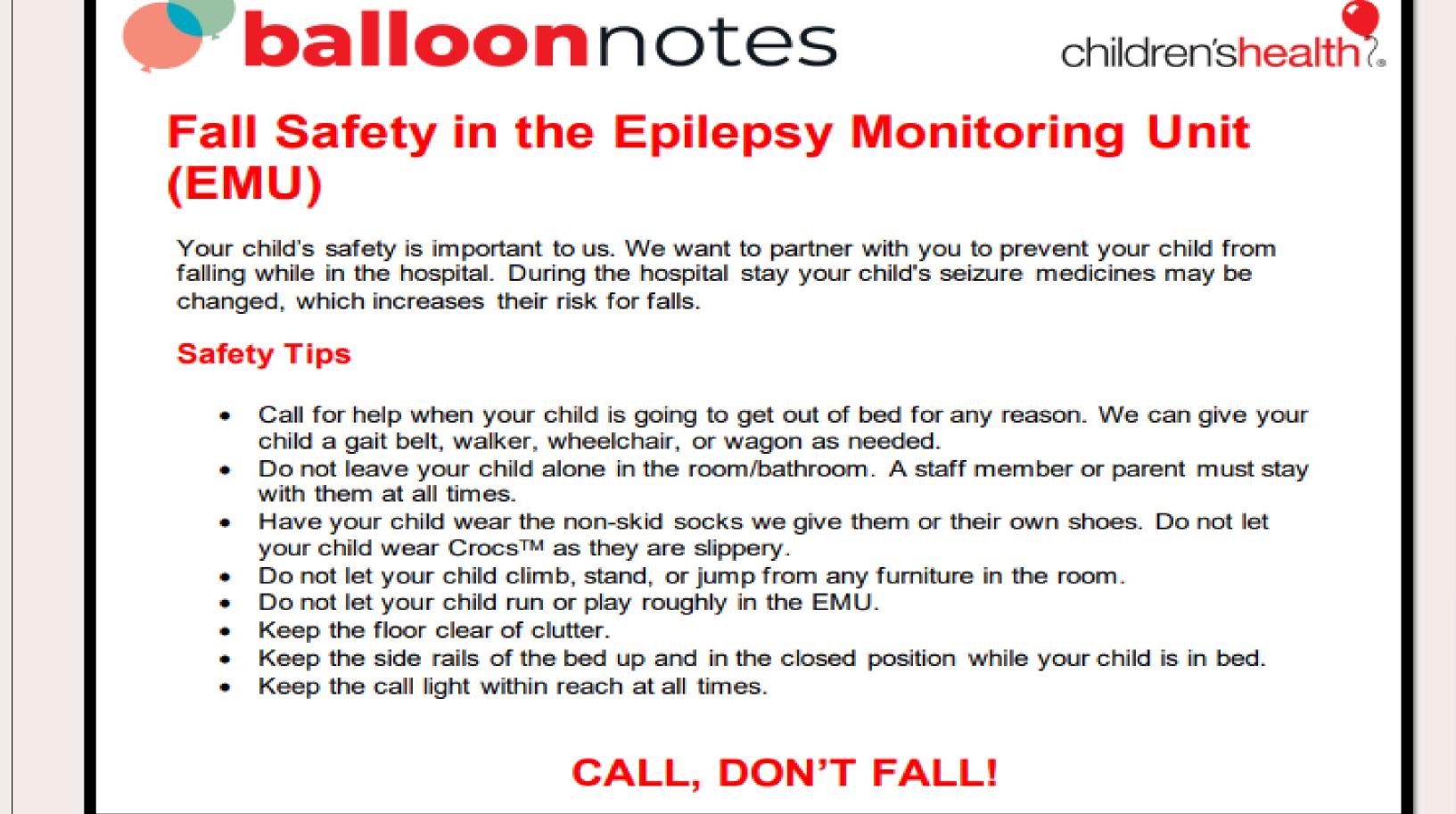
In pediatric patients admitted on the Epilepsy Monitoring Unit, is the implementation of patient-family centered fall interventions more effective than our current fall prevention bundle in reducing falls with injury?

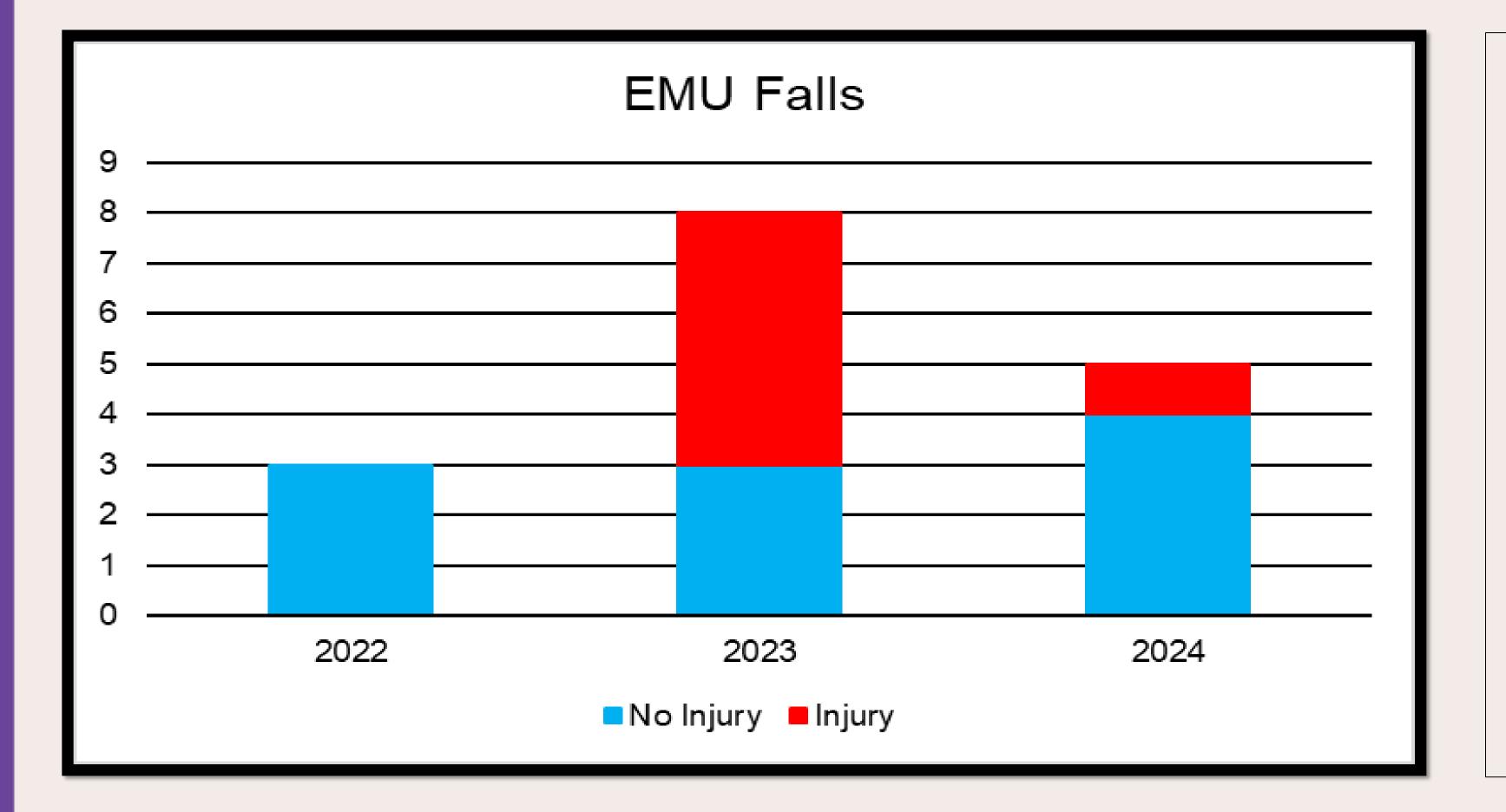
Literature/Evidence

- Academic Search Complete and Google Scholar
- Falls in EMU are common adverse events
- Patients with epilepsy are at increased risk of falls due to seizures
- Seizures are provoked by changing medications, sleep patterns, and stimulation, increasing fall risk and possible injury

Practice Changes

- EMU Falls workgroup created
- Engagement of EMU providers and EEG technicians
- "Call Don't Fall" ceiling tiles placed in patient rooms
- EMU specific falls education provided prior to admission and reviewed upon arrival and each shift for patients and families





Outcomes

For January to December 2024, there were a total of five falls and one fall with injury in the EMU. This fall with injury occurred in the patient bed due to them hitting siderail during event but still meeting criteria for a fall under NDNQI.

Recommendations

Educating families has globally shown to be the most effective approach in reducing fall rates, as there is not a single fall prevention intervention that works for every patient.

