### 2E: Fall Knowledge Test

**Background:** The purpose of this tool is to assess general staff knowledge on fall prevention.

**Reference:** Adapted from Singapore Ministry of Health Nursing Clinical Practice Guidelines on Prevention of Falls in Hospitals and Long Term Care Institutions and subsequent version by Dr. Serena Koh. Previously used in Koh SLS. Singapore Med J 2009;50(4):425. Original may be found at [www.moh.gov.sg/content/dam/moh\_web/HPP/Nurses/cpg\_nursing/2005/prevention\_of\_falls\_in\_hosp\_ltc\_institutiions.pdf](http://www.moh.gov.sg/content/dam/moh_web/HPP/Nurses/cpg_nursing/2005/prevention_of_falls_in_hosp_ltc_institutiions.pdf).

**How to use this tool:** Administer the questionnaire to staff nurses and nursing assistants. The survey may need to be modified if certain questions are not consistent with your policies and procedures, or for the needs of specific hospital units.

Use the findings to assess gaps in knowledge. Work with your education department to tailor specific education programs to the needs of your staff.

##### Fall Knowledge Test

Each question may have more than one option as the correct answer.

Please circle the letters that correspond to the correct answers.

1. Which of the following statements is *correct*?
2. Falls have multifactorial etiology, so fall prevention programs should comprise multifaceted interventions.
3. Regular review of medication can help to prevent patient falls.
4. The risk of falling will be lessened when a patient’s toileting needs are met.
5. The use of antipsychotic medications is associated with an increased risk of falls in older adults.

2. A multifaceted intervention program should include:

1. Individually-tailored fall prevention strategies
2. Education to patient/family and health care workers
3. Environmental safety
4. Safe patient handling

3. Risk factors for falls in the acute hospital include all of the following *except*:

1. Dizziness/vertigo
2. Previous fall history
3. Antibiotic usage
4. Impaired mobility from stroke disease

4. Which of the following statements is *true*?

1. The cause of a fall is often an interaction between patient’s risk, the environment, and patient risk behavior.
2. Increase in hazardous environments increases the risk of falls.
3. The use of a patient identifier (e.g., identification bracelet) helps to highlight to staff those patients at risk for falls.
4. A fall risk assessment should include review of history of falls, mobility problems, medications, mental status, continence, and other patient risks.

5. Patients with impaired mobility should be:

1. Confined to bed
2. Encouraged to mobilize with assistance
3. Assisted with transfers
4. Referred for exercise program or prescription of walking aids as appropriate

6. The management of the acutely confused patient should include all of the following *except*:

1. Moving patients away from the nursing station
2. Involving family members to sit with the patient
3. Orienting patients to the hospital environment
4. Reinforcing activity limits to patients and their families

7. Which of the following statements is *false*?

1. Fall prevention efforts are solely the nurses’ responsibility.
2. A patient who is taking four or more oral medications is at risk for falling.
3. A patient who is taking psychotropic medication is at higher risk for falling.
4. Testing or treatment for osteoporosis should be considered in patients who are at high risk for falls and fractures.

8. In hospital settings, intervention programs should include:

1. Staff education on fall precautions
2. Provision and maintenance of mobility aids
3. Postfall analysis and problem-solving strategy
4. Bed alarms for all patients, regardless of risk

9. When assessing patients, which of the following statements is *false*?

1. All patients should be assessed for fall risk factors at admission, at a change in status, after a fall, and at regular intervals.
2. Medication review should be included in the assessment.
3. All patients should have their activities of daily living and mobility assessed.
4. Environmental assessment is not important in the hospital as it is all standardized.

10. Risk factors for falls include:

1. Parkinson’s disease
2. Incontinence
3. Previous history of falls
4. Delirium

11. Exercise programs for ambulatory older adults should:

1. Be very aggressive
2. Be unsupervised
3. Be ongoing
4. Include individualized strength and balance training

12. Which of the following statements on education in fall prevention is *false*?

1. Education programs should target primarily health care providers, patients, and caregivers.
2. Education programs for staff should include the importance of fall prevention, risk factors for falls, strategies to reduce falls, and transfer techniques.
3. Instruction on safe mobility, with emphasis on high-risk patients, should be provided to both patients and families.
4. Education should only be given at the start of the fall prevention program.

13. Which of the following is recommended to improve patient safety?

1. Locking wheeled furniture when it is stationary.
2. Having nonslip flooring.
3. Placing frequently used items (including call bell, telephone, and remote control) within reach of the patient
4. Rounding hourly to address patient needs

**Answer Key:**

1. A, B, C, D
2. A, B, C, D
3. C
4. A, B, C, D
5. B, C, D
6. A
7. A
8. A, B, C
9. D
10. A, B, C, D
11. C, D
12. D
13. A, B, C, D