ppm+

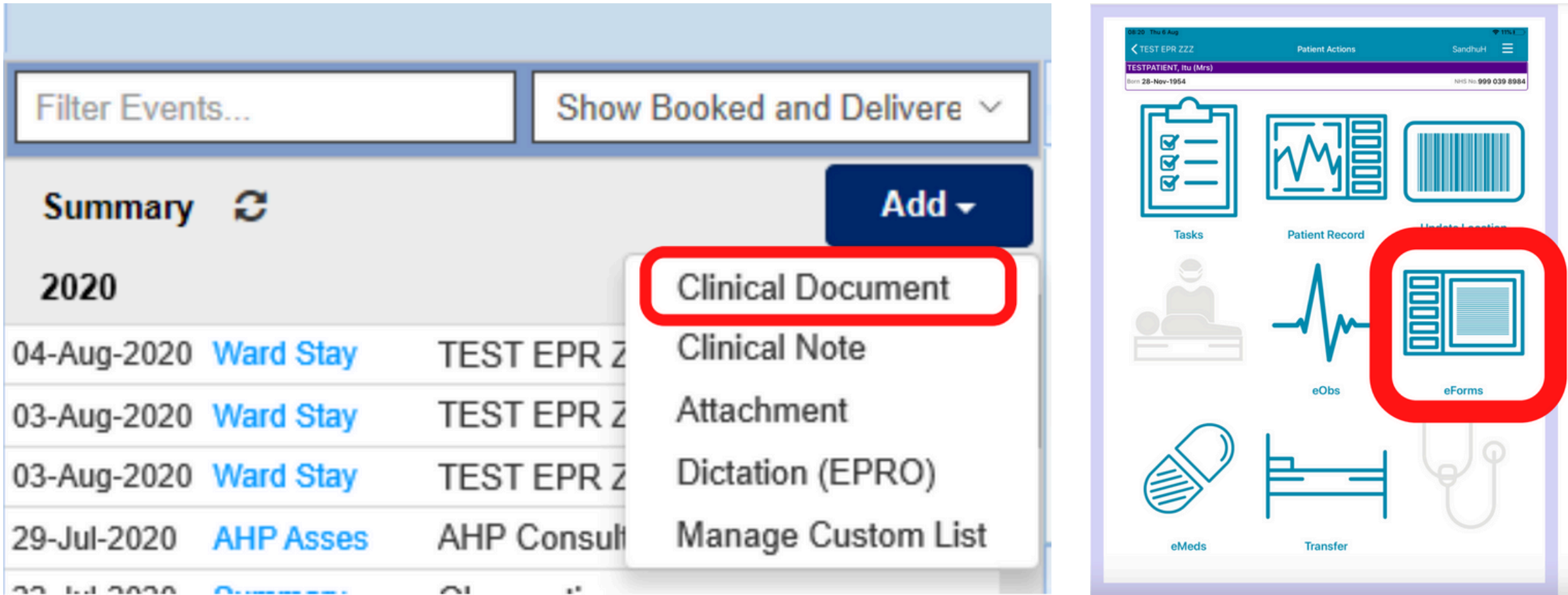# Adult Critical Care Falls Assessment and Care Plan

USER GUIDE

Contents page

For further information please contact:

✉ **leedsth-tr.ImplementationTeam@nhs.net or**   📞 **0113 206 0599**
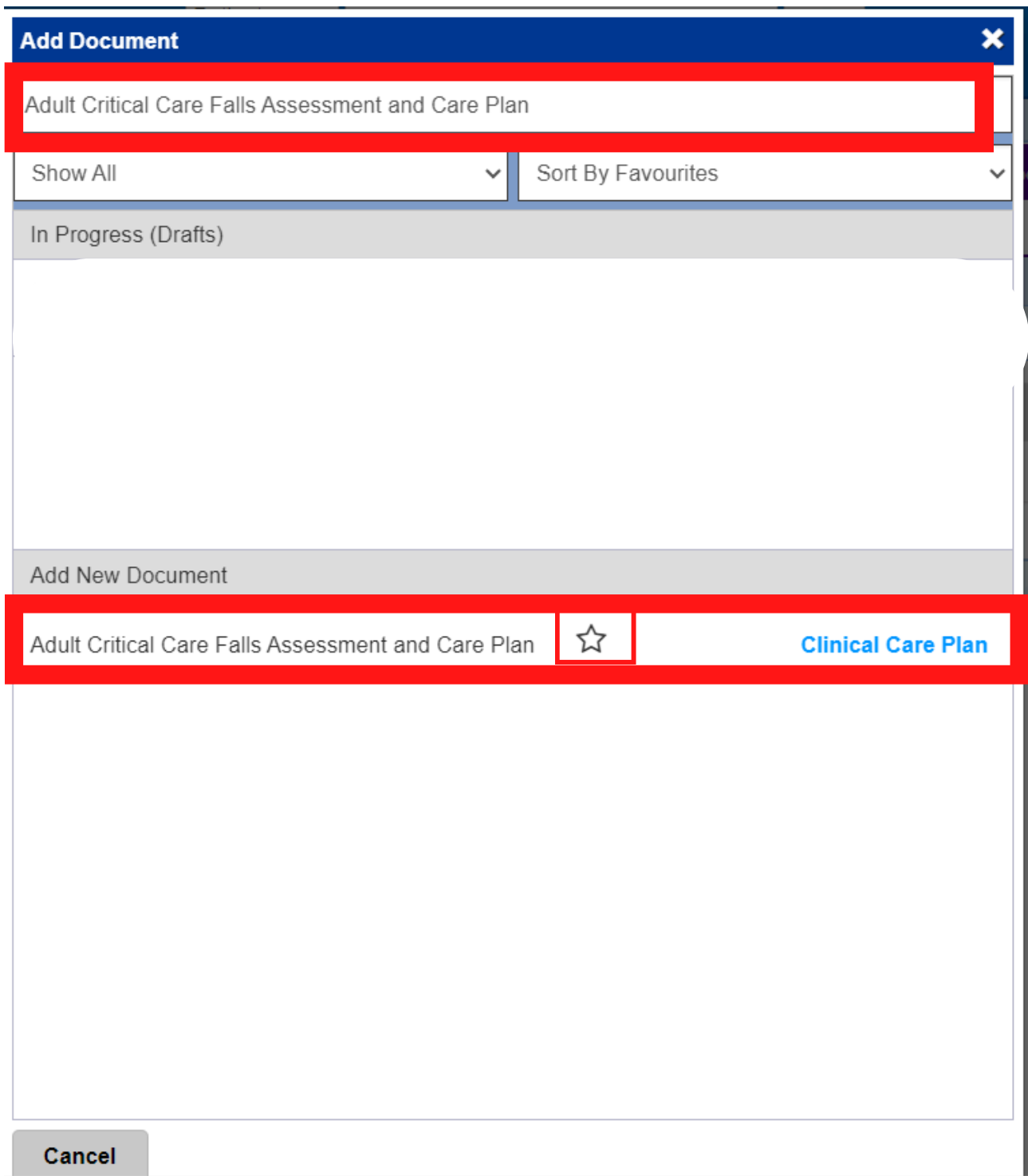
Completing an Adult Critical Care Falls Assessment and Care Plan eForm

1 To complete the **Adult Critical Care Falls Assessment and Care Plan eForm**, go to **Add Clinical Document** via the desktop version of **PPM+** or **eForms** via **PPM+ Mobile App**.
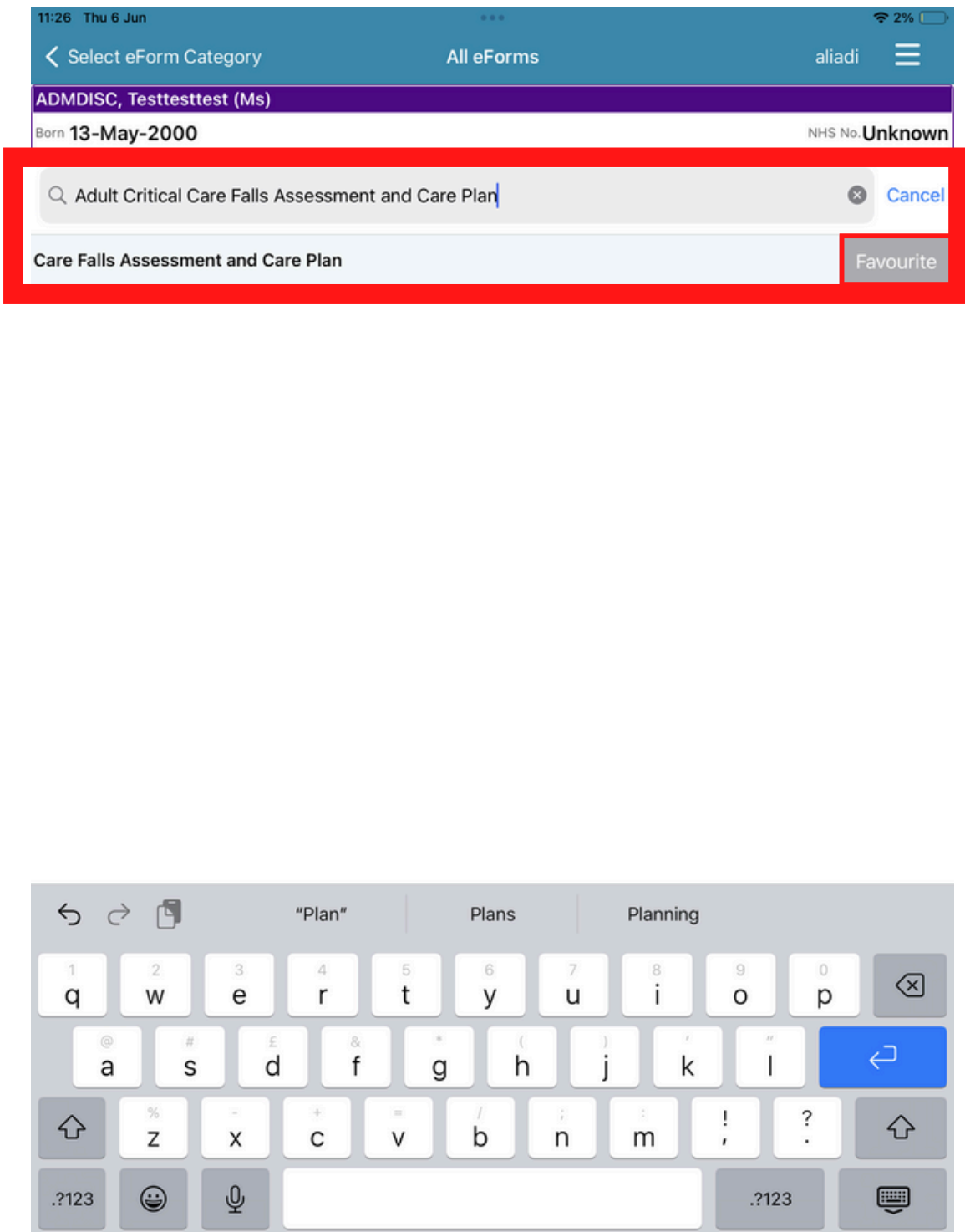

2 Next search and select **Adult Critical Care Falls Assessment and Care Plan**. Click on the **star icon** in **desktop version of PPM+** to favourite the **eForm** or **slide left** on the **eForm** title in the **PPM+ Mobile App** to favourite the **eForm.**

Add Clinical Document section within desktop version of PPM+.

eForms section within the PPM+ Mobile App.

3 When the **eForm** opens, please answer the initial screening question within the **Stage 1 - Screening** section, **Does the patient have Richmond Adapted Sedation Score (RASS) of -4 or -5?** by choosing **Yes** or **No.**

Adult Critical Care Falls Assessment and Care Plan   ✕

ADMDISC, Testtesttest (Ms)

Born 13-May-2000   Sex   NHS No.

Stage 1 - Screening

All patients should have a falls assessment completed within 6 hours of admission to critical care

Does the patient have Richmond Adapted Sedation Score (RASS) of -4 or -5? *

| No | Yes |

4 If you selected **No**, then the **Stage 2 - Screening** section will open.

Stage 2 - Screening

5 If you answer **No** to every question in the **Stage 2 - Screening** section, then you will need to **repeat screening daily**.

Stage 2 - Screening

RASS of -3 to +4

Does the patient have a reduced GCS/agitation/CAM ICU Positive? *

No   Yes

Does the patient have multiple invasive devices? *

No   Yes

Does the patient have difficulty with walking and balance? *

No   Yes

Two or more falls in last 12 months or if only fallen once, did this cause injury or resulted in patient lying on the floor for one hour or more? *

No   Yes

Dizzy spells or LOC episodes in the past 12 months? *

No   Yes

Is the patient taking or being administered medicines known to cause falls (check for drugs acting on heart, brain and circulation)? *

No   Yes

Repeat screening daily

6 If you answer **Yes** to any question in the **Stage 2 - Screening** section, then the **Plan of Care** section will open.

Plan of Care

7 In the **Plan of Care** section, if you select **No** for any question, a free text box will open underneath that question. You will need to Input a the reason why you have selected **No** for that particular question.

The only exception to this is, if you select **Yes** to the question **Patient requires enhanced care?** Then a free text box will open underneath the question asking you to input **by staff type** (for example, you could enter, Health Care Support Worker, 1:1, at all times).

6 If you selected **Yes** to the initial screening question within the **Stage 1 - Screening** section then you will need to **repeat the screening process daily**, including assessing the Patient's **RASS**.

7 When you have completed the **eForm**, click on the **Submit** button.

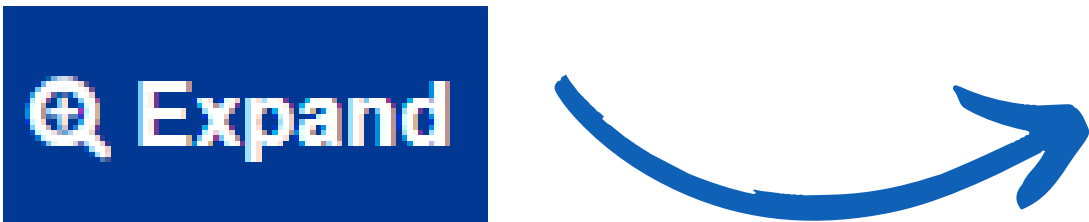**All patients should have a falls assessment completed within 6 hours of admission to critical care.**

Viewing and Withdrawing a completed Adult Critical Care Falls Assessment and Care Plan

1 Navigate to your Patient's **Single Patient View** and click on the completed **Adult Critical Care Falls Assessment and Care Plan eForm** you wish to view.

Once you have selected the **eForm** and you can view the completed eForm on the right hand side of the screen, as shown below. You can view the **Expand**, **Audit Timeline**, **Edit** and also **Withdraw** the completed **eForm** from this view.

2 If you click on **Expand**, you can view the completed **Adult Critical Care Falls Assessment and Care Plan eForm** in a larger format.

3 Click on **Edit**, if you need to make any changes to the submitted eForm. The **eForm** will then open again. When you have finished making any changes, click on **Submit**.

4 Click on **Audit Timeline**, if you need to view the **audit trail** for the eForm. A **timeline** of the eForm will appear.

5 Click on **Withdraw**, to remove the completed document from the **Patient's record**. You will need to document the reason for **Withdrawing the document**.

Useful Contacts

Implementation Team

Please contact the **Implementation Team** for Digital support & training on PPM+ functionalities.

📞 Ext: 60599

✉️ leedsth-tr.ImplementationTeam@nhs.net

IT Service Desk

Please contact the **IT Service Desk** to:
- Reset your password.
- Report a problem you are having within PPM+ functionality.
- Report a data quality problem within PPM+.
- Request new user accounts for PPM+.
- Disable PPM+ accounts for any leavers from your department.

📞 x26655

🌐 https://lth-dwp.onbmc.com

🌐 **PPM+ Help Site: https://www.ppmsupport.leedsth.nhs.uk/**

For further information please contact:
✉️ **leedsth-tr.ImplementationTeam@nhs.net or** 📞 **0113 206 0599**