

paediatric WATCH

Lessons from the frontline

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Falls Keeping them Safe

A 22 month old child was admitted to a paediatric ward with febrile neutropenia and pancytopenia following chemotherapy for management of a brain tumour.

Shortly after admission the child fell from the bed and started vomiting.

The child had a haematoma visible on his forehead, and became pale, bradycardic and lethargic resulting in the activation of a Rapid Response. As the Rapid Response team arrived the child had a seizure and the team commenced resuscitation.

Following a Brain CT it was identified that the child had an intracranial bleed and required intubation and transfer to a paediatric tertiary hospital for urgent neurosurgical review.

Investigation:

On admission the child was noted to be a high falls risk using the paediatric fall risk assessment tool, however, there were minimal interventions in place to reduce the risk of a fall.

The child's high risk of cerebral bleeding due to his low platelet count, combined with his highly vascular tumour was not communicated between staff caring for him.

He was cared for in an adult hospital bed to allow his parents to co-sleep with him. It was identified the bed was at its lowest level to the floor at the time of the fall, and the rails were up. The child however fell between the gap at the end of the bed rails and the foot of the bed.

Lessons learnt:

Falls are one of the major preventable risks factors resulting in an increased length of stay for paediatric patients in NSW hospitals.

Most of these falls can be prevented. The majority of falls in children younger than 10 years are related to beds and cots. Well-intended parents become temporarily distracted and leave the child unattended with the bed/cot side rail down.

Recent NSW paediatric falls data, taken from SAC 1 & 2 incidents reported in IIMS, highlights that more than half of the falls occurred with a parent or carer present at the child's bedside at the time of the fall.

To prevent falls staff are reminded to:

1. Complete a falls risk assessment on admission and every three days

thereafter, unless the child's condition changes.

2. Document and communicate the child's falls risk to all staff involved in their care.

3. Discuss with families their child's fall risk and appropriate interventions. This will include educating new parents about how to keep their baby safe from falling, as well as the risks of falling asleep while holding their baby, and walking around with their child in their arms.

4. Identify children with a high fall risk. Discuss care actions implemented to minimize risk at both clinical and bedside handover.



For more paediatric falls resources visit:

[Clinical Excellence Commission's Paediatric Falls Prevention Resources](#)

Find out more by visiting our website:

<http://www.cec.health.nsw.gov.au/patient-safety-programs/paediatric-patient-safety/paediatric-quality-program>