

Question: Have you ever used soft helmets with inpatients who are a fall risk?

Children Hospital	Comments
A	We don't use soft helmets.
B	In general we do not use helmets for this purpose. We have not identified this as a significant problem at our hospital. We do often provide mats in the rooms with our younger patients however.
C	We issue helmets to our patients, inpatient or outpatient, if therapists identify the need for one for the patient's safety.
D	The typical process at "D" is that the doctors will place a PT order with soft helmet in the comments or an equipment order goes directly to our vendor who provides the equipment. Sometimes our staff will make recommendations for soft helmets. The vendor provides the soft helmet on the day of D/C so that they can bill the patient's insurance.
E	We are not doing this in "E".
F	We typically only use helmets, soft and hard, in patients that have a need for the helmet, as is the case in some patients that have had craniotomies, etc. If we have a patient that is that active where they could pose an injury to their head then other measures might need to be addressed. Typically, the education to the staff and family, but also, restraint type measures or the MD's can adjust medication to help calm them down. Hope this helps.
G	We have not used soft helmets though that seems like a reasonable idea if you have a good way to clean them between patients. We have recommended helmets to some families and some families seek it out on their own. We don't have an oncology program. If our kids are unstable they are usually in w/c's for transport and always closely supervised.....not to say falls don't happen though!
H	We haven't used soft helmets for this purpose, but I'd sure love to hear about some of your fall prevention efforts! I am part of the falls team here at "H" and we definitely have opportunity to improve our fall rates! We are just getting ready to launch a system that has parent education capabilities, and we added a Fall Prevention video as part of the orientation to the hospital. Too early to tell if it's positively impacting our fall rate, but it's looking pretty good so far. We are also implementing a K-card system of checking components of our fall prevention bundle each shift on at least one high-risk patient. The process will include the charge nurse and a staff nurse for each shift, so we're hoping that the increased focus will improve our fall rate. Any tips that you've implemented that have had positive results??
I	We are not acute care, but are IP rehab. We have used soft shell helmets.