Elidah

# The Toileting-to-Fall Risk Checklist

**7 warning signs that urinary changes may be creating fall risk, staff burden, and family complaints in senior living**

## Overview

In senior living, urinary changes are often treated as isolated issues: more urgency, more accidents, possible UTI, or more frequent toileting requests.

But for clinical teams, these changes can quickly become something bigger.

A resident who has sudden urgency may try to get to the bathroom alone. A resident with new confusion may forget to call for help. A resident with more incontinence may need more caregiver touches, more laundry, more skin checks, and more family reassurance.

The result is often a cascade:

**urinary change → more toileting needs → delayed assist → fall risk → nurse follow-up → family concern → possible transfer**

Urinary changes are not just a continence issue. In senior living, they can become a **fall-prevention issue, staffing issue, family-satisfaction issue, and transfer-risk issue**. The earlier the team spots the pattern, the easier it is to protect residents, reduce avoidable staff burden, and prevent small changes from becoming major events.

Use this checklist to spot early warning signs before a routine toileting issue becomes a clinical event.

## 7 Warning Signs to Watch

### 1. New or worsening urgency

**Resident suddenly needs to go "right now," can't wait, or starts rushing to the bathroom.** *Why it matters:* Urgency leads to unsafe self-transfers, hurried walking, and increased fall risk—especially if staff aren't nearby.

### 2. Increased frequency

**More trips to the bathroom than usual, more reminders needed, or more toileting assistance requests.** *Why it matters:* Frequency increases staff workload and creates more opportunities for transfers—one of the highest-risk moments for falls.

### 3. New nighttime toileting (nocturia)

**Resident begins waking multiple times at night to urinate or is found up more often after bedtime.** *Why it matters:* Nighttime trips happen in low light, with sleepiness and fewer staff available—making falls more likely and harder to prevent.

### 4. New incontinence or worsening accidents

**More wet briefs, clothing changes, bed changes, or "didn't make it" episodes.** *Why it matters:* Accidents increase skin risk and family complaints, and they often trigger residents to attempt toileting alone to avoid embarrassment.

### 5. Toileting-related agitation or resistance

**Resident becomes irritable, refuses help, or shows distress around toileting routines.** *Why it matters:* Agitation increases unsafe movement and makes assisted transfers harder—raising risk for both residents and staff.

### 6. Wet floors, near-misses, or "caught in time" moments

**Staff report slips, hurried cleanups, or residents almost falling while trying to toilet.** *Why it matters:* Near-misses are often the last warning before a serious fall. They signal that the current plan isn't matching the resident's needs.

### 7. Family complaints about "not being taken to the bathroom"

**Families report concerns about wet clothing, response times, or perceived neglect.** *Why it matters:* Complaints reflect workload strain and unmet needs—both linked to higher fall risk.

## What to Do This Week

**Pick 3–5 residents who have had a recent fall, a near-miss, or increased toileting needs. Ask the care team these questions:**

- [ ] Are toileting needs increasing?
- [ ] Are the changes worse at night?
- [ ] Is the resident rushing or trying to toilet without help?
- [ ] Are there more wet floors, near-misses, or “caught in time” moments?
- [ ] Are staff reporting increased burden (more call lights, more transfers, more cleanups)?
- [ ] Are families raising concerns about toileting or hygiene?
- [ ] Is the current toileting plan still realistic given mobility, cognition, and staffing patterns?

**If you answer “yes” to 2 or more, treat it as a fall-risk escalation—not just a continence issue.**

## Metrics to Track

**To know whether the team is improving, track:**

- Falls and near-misses during toileting or transfers
- Nighttime call lights related to toileting
- Number of assisted toileting episodes per shift
- Incontinence episodes (brief changes, clothing/linen changes)
- Staff time spent on toileting-related tasks (if measurable)
- Family complaints related to toileting, hygiene, or response time