

FALL PREVENTION CARE GUIDE

Key messages about fall prevention strategies:

- ❖ Many falls can be prevented
- ❖ The outcomes of the fall-risk assessment and the strategies to address identified risk factors need to be documented and reported to all health care staff, the older person and their family.
- ❖ Best practice in fall and injury prevention includes implementation of standard strategies, identification of fall risk and implementation of targeted individualised strategies that are adequately resourced, regularly reviewed and monitored.
- ❖ The most effective approach to fall prevention is likely to be one that includes all staff in health care facilities engaged in a multifactorial fall-prevention programme.

Falls Risk Factors

Environmental

Request OT and PT assistance

- ❖ Unsuitable footwear.
- ❖ Lighting – levels that cause glare or limit visibility.
- ❖ Stairs.
- ❖ Floors: surfaces that cause slips/trips/stumbling.
- ❖ Patient rooms: clutter/furniture, lack of supports e.g. call bell.
- ❖ Personal/ frequently used items out of reach e.g. glasses, water, reading material.
- ❖ Beds: position, unlocked brakes.
- ❖ Bathrooms: wet/slick floors, rugs/mats not properly secured.
- ❖ Seating: not individualised to resident's needs/abilities.
- ❖ Elevators.
- ❖ Unsafe visual barriers and wandering systems.
- ❖ Reduced access to use of assistive devices.

Person Centred

Request medical review if issues suspected, new or ongoing despite intervention

- ❖ Increasing age – esp. over 70.
- ❖ History of falls.
- ❖ Wandering behaviour.
- ❖ Cognitive impairment.
- ❖ Incontinence, urinary infections (see pages 23 & 37).
- ❖ Independent transfers.
- ❖ Hyper/ hypotension esp. postural drop.
- ❖ Impaired balance or weakness esp. of lower extremities.
- ❖ Unsteady gait/ use of a mobility aid.
- ❖ Impaired hearing or vision.
- ❖ Fever/ acute illness e.g. pneumonia.
- ❖ 24 hours after surgery.
- ❖ Depression/ anxiety/ delirium/ confusion.
- ❖ Primary cancer.
- ❖ Dehydration/ poor nutrition (see pg 25).
- ❖ CHF, heart disease and/or arrhythmias (see pg 7).
- ❖ Neurological disorders including seizures.
- ❖ Dizziness/ vertigo.
- ❖ History of alcohol abuse and/or intoxication.
- ❖ Diabetes.

Medications

- ❖ Over the counter and prescription
- ❖ Polypharmacy
- ❖ Diuretics and laxatives
- ❖ Antiarrhythmics
- ❖ Anticoagulants
- ❖ Antihypertensives
- ❖ Sedatives, tranquilizers, psychotropic drugs
- ❖ Antidepressants
- ❖ Narcotics
- ❖ Hypoglycaemic agents
- ❖ Anaesthetics
- ❖ Antiseizure/ antiepileptic

Highest Risk of Falls

Residents who are:

- ❖ Able to stand but need assistance with transfers.
- ❖ Incontinent.
- ❖ Cognitively impaired.
- ❖ New to the facility.

Comprehensive Multidisciplinary Falls Assessment (to be carried out after ANY fall)

- ❖ Health history and functional assessment
- ❖ Medications and alcohol consumption review
- ❖ Vital signs and pain assessment
- ❖ Vision screening
- ❖ Gait and balance screening and assessment
- ❖ Musculoskeletal and foot assessment
- ❖ Continence assessment
- ❖ Cardiovascular assessment
- ❖ Neurological assessment
- ❖ Depression screening
- ❖ Walking aids, assistive technologies and protective devices assessment
- ❖ Environmental assessment

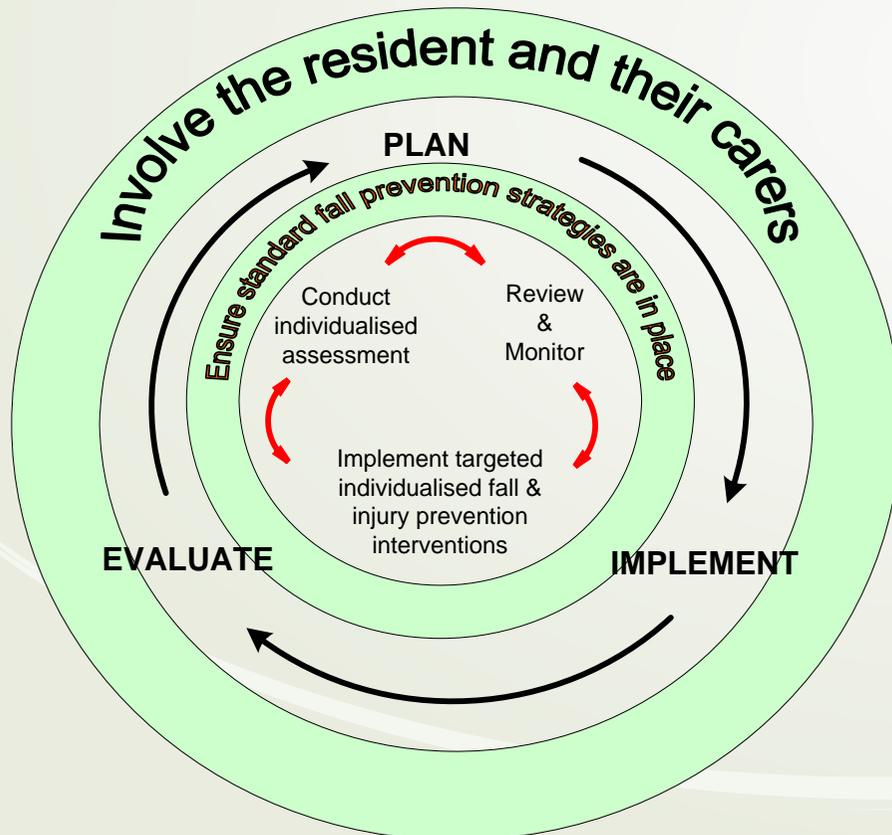
Note: There is evidence that a comprehensive assessment done in a timely manner after a fall e.g. within a week, can reduce future hospitalisation (Rubenstein et al., 1996). Such assessments can detect recent changes in an individual's health or function, such as an acute or progressive illness, a need for evaluation of medications, increasing frailty etc.

Components of a Fall Prevention Programme

1. Initial assessment of all residents to identify their falls risk and develop a care plan with interventions for their individual risk factors.
2. Risk assessment factors entered into all resident's health records.
3. Ongoing reassessment for causes, factors and falls as part of 3-monthly clinical review or sooner if further falls, change in health status or change in environment.
4. Appropriate prevention/ intervention plan implemented for all residents.
5. High risk residents may be identified at the bedside with a 'fall symbol' and will have the 'high risk' interventions implemented as appropriate.
6. Documentation of all falls and completion of incident report.
7. Measuring and monitoring of fall rates/ injury rates.
8. Monitor and audit uptake of falls programme e.g. hip protection, vitamin D uptake, exercise programme participation, staff education.
9. Attention to the environment – lighting, flooring, furniture, bathrooms and toilets
10. Staff education programmes.

Fall Prevention Interventions for Individual Residents

- ❖ **Staff education** and high level of awareness of each resident's falls risk factors.
- ❖ **Resident education** e.g. personal limitations and asking for assistance.
- ❖ **Individualised care plans and intervention programmes.**
- ❖ **Attention to environmental issues** – general and individualised, including specialised advice on assistive and mobility devices.
- ❖ **Attention to vision/visual aids** e.g. annual review, use of correct glasses for mobilising.
- ❖ **Orientation and reorientation** to environment and how to obtain assistance.
- ❖ **Agitation, wandering and impulsive behaviour** – recognise and eliminate or reduce factors that precipitate these behaviours.
- ❖ **Regular case conferences** including all caregivers, nursing, medical and allied health staff.
- ❖ **Regular review of medications** – for elimination or dose reduction (aiming to maximise health benefits while minimising side effects e.g. falls).
- ❖ **Work alongside and with** high risk residents, increasing assistance to them as needed.
- ❖ **Exercise** – encourage participation in exercise programmes for improving balance, gait and strength training, enabling resident to take part in functional daily living activities e.g. walking to the dining room.
- ❖ **Well fitting, non-slip footwear** and treatment of any foot problems (refer to a podiatrist).
- ❖ **Continence management** (bowel and bladder) as required – see pg 23.
- ❖ **Adequate fluid and nutrition** – ensure fluid readily available. Also see pg 25.
- ❖ **Restraints** – avoid or ensure awareness of risk.
- ❖ **Hip protectors:** Consider the use of hip protectors to reduce hip fractures among those clients considered at high risk of fractures associated with falls. Note - there is no evidence to support universal use of hip protectors among the older adult in health care settings.
- ❖ **Vitamin D** is associated with a reduction in falls and fall-related fractures.



VALUE OF EXERCISE

Exercise to improve balance, strength and gait is a key component of fall prevention programmes.