FALL PREVENTION CARE GUIDE

Definition of a fall: "unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of syncope or overwhelming external force." (Agostini, Baker & Bogardus 2001)

Key messages about fall prevention strategies:

- Many falls can be prevented
- Best practice in fall and injury prevention includes identification of fall risk implementation of standard strategies and targeted individualised strategies that are adequately resourced, monitored and regularly reviewed
- The outcome of the fall-risk assessment and identified preventative strategies are discussed with the older adult, their family and all health care staff and incorporated into the older adult's individualised care plan
- The most effective approach to fall prevention is likely to be one that involves all staff and the use of 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.
- Request medical review if new or ongoing issues suspected despite intervention.
- Reduced access to use of assistive devices.

Person Centred

Request medical review if new or ongoing issues suspected despite intervention

- Increasing age – esp. over 85.
- History of falls eg 2 or more in previous 6 months.
- Wandering unsafe 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/or prescribed polypharmacy
- Laxatives
- Diuretics and/or increase in dose
- Antiarrhythmics
- Anticoagulants
- Antiihypertensives
- Vasodilators
- 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

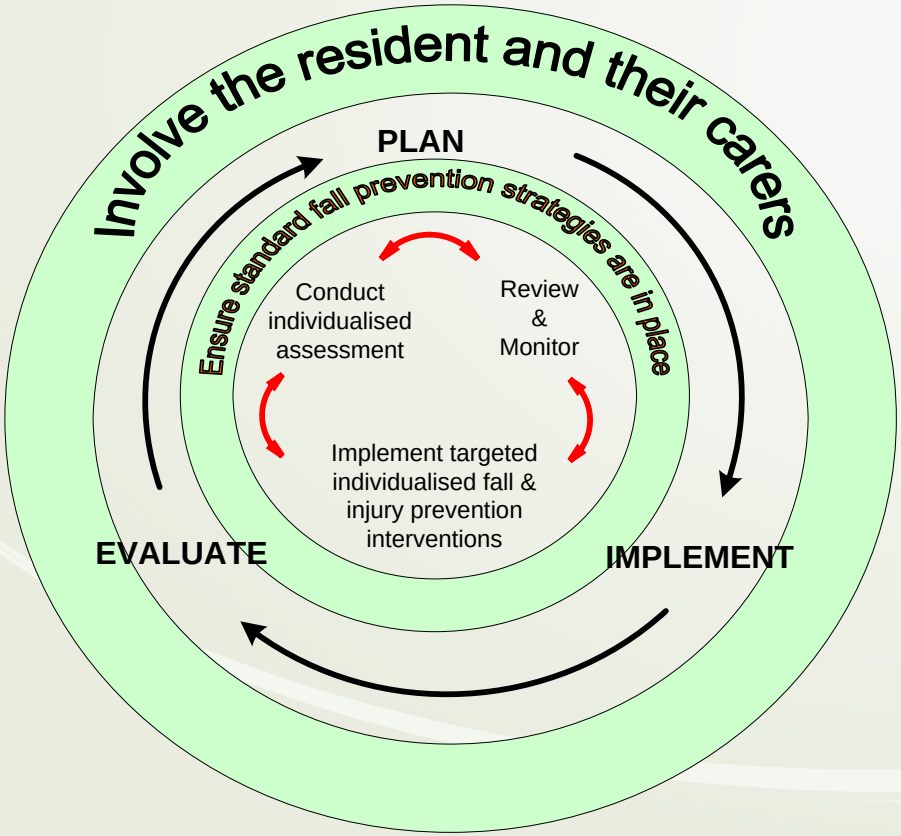
(to be carried out after ANY fall)

- 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

RESTRAINTS are not a method of fall prevention - Retrain but do not restrain

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. Consider referral to specialised gerontology service.
7. Documentation of all falls and completion of incident report.
7. Measuring and monitoring of fall rates/ injury rates.
9. Monitor and audit uptake of falls programme e.g. hip protection, vitamin D uptake, exercise programme participation, staff education.
10. Attention to the environment – lighting, flooring, furniture, bathrooms and toilets
11. Staff education programmes.



Fall Prevention Interventions for Individual Residents

- **Restraints** – avoid or ensure awareness of risk.
- **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 vision/visual aids** e.g. annual review, use 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.
- **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.
- **Attention to environmental issues** – general and individualised which includes:
  * specialised advice on assistive and mobility devices
  * correct use of Moving & Handling equipment
  * Multidisciplinary approach with management
- **Hip protectors:** Consider the use of hip protectors among those clients considered at high risk of fractures associated with falls (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.