

# Planning Care to Prevent Falls

## Discussion Outline

### Models of Hope Media

#### I. Introduction

- A. 10 – 20 % of falls in nursing homes result in serious injury
- B. 250,000 fall related hip fractures occur annually.
- C. Annual total costs related to care for fall-related injuries exceed \$20 billion dollars.
- D. A proactive interdisciplinary team is the foundation for developing an effective fall prevention program.

#### II. Obtaining a History of Falls

- A. Meet with caregivers to obtain a history of falls prior to coming to the facility.
- B. For accurately assessing the cause of previous falls consider the following questions to ask:
  - 1. How did previous falls occur?
  - 2. Where did they occur?
  - 3. What was the resident doing or trying to do?
  - 4. How frequently did falls happen?
  - 5. When did the last fall occur?

#### III. Medical Assessment

- A. A comprehensive medical examination should include the following:
  - 1. The resident assessment instrument, (RAI).
  - 2. The minimum data set, (MDS).
  - 3. The resident assessment protocol, (RAP).
- B. The interdisciplinary team should give input on residents' physical abilities and needs, psychological, psychosocial, and mental abilities and needs.
- C. Relevant information taken during the nursing report, shift changes, or a transfer from a hospital to a nursing home need to be appropriately documented in the medical record.
- D. Treatment goals need to be individualized and must always support the patient's desires

#### IV. Risk Factors and Interventions

- E. Examples of risk factors include visual and hearing impairment, mobility, gait and balance problems, orthostatic hypotension, altered cognitive function, bladder and bowel dysfunction, and the use of assistive devices.
- F. Cardiovascular medications and anti-hypertensives and some of the anti-rhythmic medications need to be monitored are examples of medications that can cause orthostatic hypertension. Consult with the pharmacist to evaluate of the benefit vs the risk of all medications to ensure appropriate and safe use.
- G. Changes accompanying aging that lead to increased risk of falling include:
  - 1. Decreased sensitivity of a cardiovascular compensatory mechanism (baroreceptor reflex).
  - 2. Musculoskeletal changes such as muscle atrophy and osteoporosis,
  - 3. Compromised central nervous system signals, visual status, muscle strength and joint flexibility.
  - 4. Diminished ability to visually adjust quickly to varying levels of light and darkness.

- H. Osteoporosis and arthritis
    - 1. Weakening of bones affect mobility
    - 2. Appropriate gait training and muscle strengthening is required.
  - I. Cognitive Difficulties
    - 1. Results in lack safety awareness.
    - 2. Results in misinterpret their environment.
  - G. Parkinson's Disease
    - 1. Disorders of the nervous system cause disruption of motor control.
    - 2. Between 1-2 % of the total population is effected.
  - H. Auditory and Visual impairment
    - 1. Conduct frequent Auditory and visual function examination.
    - 2. Remind residents to ware glasses and hearing aids.
  - I. Incontinence of Bowel and Bladder
    - 1. Promote toileting schedule and fluid management.
    - 2. Proper manage the use of diuretics.
  - J. Foot Ware
    - 2. Should help align the legs to the hips and back.
    - 3. Provide proper support, comfort and stability.
- V. Environmental Adaptations
- A. Recent environmental changes requires new residents needing help to get accustomed to new surroundings.
  - B. Lighting should include proper illumination, strategic lighting, access, glare reduction
  - C. Linoleum, vinyl – the shine of highly polished floors can be confusing, wet floors can cause slipping.
  - D. Carpeting – advantages are slip resistant and cushioning; disadvantages are for use of pick-up walkers, uncut low pile best, nylon fibers smooth walking surface; loose carpets and throw rugs risk for falls.
  - E. Bathroom fixtures should be easily accessible.
  - F. Furnish with Grab bars, elevate toilet seats, non-skid mats or strips in tubs, showers and on floors.
  - G Install accordion doors in the bathroom for easier access
  - H. Consider height, use of bed supports, half side rails at head of bed when modifying bed for safety.
  - I. Use restraints with desecration, as falls with restraints are more serious.
- VI. Social Services
- A. Provide appropriate activities for the bored, encouraging the lonely to interact with others, helps the residents avoid feelings of helpless.
  - B. Maintain resident's maximum level of independence.