

THE FACTS ABOUT FALLS:

Falling is a very serious health risk for older patients. One of every three Americans over the age of 65 falls each year. And at least half of them will fall again. Because many falls are not reported, it is likely that the number of falls is even higher. Falls are the leading cause of injury deaths among older adults. More than eight out of every ten fractures among older people are caused by falls.

WHO IS AT RISK FOR FALLS?

Although any older patient is at risk of falling, certain qualities will increase this risk. These include the following:

- » The patient has fallen before.
After people fall, they may not move around as much as before because they are afraid of falling again. They limit their activities. This can lead to stiffness and poor coordination. Because they are fearful of falling again, they may also make jerky movements instead of walking smoothly. All of these things make them even more likely to fall again.
- » The patient uses assistive devices.
You would think that people who use a cane or walker for balance and support would not be as likely to fall. However, many people do not use them properly. They may have bought them from a pharmacy or borrowed them from a neighbor and were never taught how to use them. Or they forgot what they were taught. Particularly if they were given the devices, they may be the wrong size. So assistive devices improperly fitted or used incorrectly actually increase the risk of falls.
- » The patient has decreased range of motion and/or poor strength and balance.
Some patients may have diseases that give them poor strength and balance. Spinal deformities from osteoporosis may change the body's center of gravity, causing poor balance. Some very obese people simply do not move around enough to have good balance, and the obesity may give them a "waddling" gait which is off balance. People who have a regular exercise program suited for them are at less risk for falls because the exercise increases range of motion, strength, and balance.
- » The patient has a chronic illness.
People with joint diseases (such as arthritis) are at greater risk of falling. Also patients with strokes, lung diseases such as chronic obstructive pulmonary disease (COPD), or heart disease with congestive heart failure (CHF) are much more likely to fall. Having several chronic illnesses increases the risk even more.
- » The patient is taking certain medications or a lot of different medications.
There are many medications that have side effects that cause problems with balance, unsteadiness, or dizziness. Some of these are medications for hypertension, diabetes, CHF, heart disease, depression, anxiety, and sleep disturbances. These medications, especially when taken in combinations, increase the risk of falls.
- » The patient has urinary urgency or incontinence.
Many patients fall because they are trying to get to the bathroom quickly. Some of them fall because they are trying to get out of a wet bed. Others may fall trying to change soiled clothing.
- » The patient wears only socks or improper shoes.
Often people fall because their footwear is slippery. Some older people wear socks to bed and then forget to



put on their shoes when they get up. Or they may wear bedroom slippers with slick soles. All of these may contribute to falling.

HAZARDS IN THE HOME INCREASE THE RISK OF FALLS:

More than half of the people who fall, fall in their own homes. Most often it is while reaching for an object or while attempting to transfer. Many of these falls could be prevented by some simple measures to make the home safer.

Problem areas include the following:

- » Floors — Cluttered arrangement of furniture, loose throw rugs, objects on the floor such as papers, magazines, books, electrical wires, and even pets
- » Lighting — Inadequate lighting in any area, especially near stairs, bedrooms, or bathrooms
- » Bathroom — Toilet seat too low, slippery bathtub, no grab bars, no bath chair or bench
- » Stairs — Clutter, broken or uneven steps, loose or broken handrails, torn carpet, light switch out of reach
- » Kitchen — Poor placement of items (things used most often should be closer to waist level), shiny floors, using chairs as step stools, spills not cleaned up
- » Bedroom — Bed difficult to get into or out of, bedside lamp hard to reach, no night lights

While it is true that a nurse or therapist should check the home for these hazards, it is often the home health aide who recognizes the dangers in the home. It is important that you assist your patients in reducing these hazards when you see them. Always report to your supervisor when there are hazards which the patient either cannot or will not correct.

WHEN A PATIENT FALLS:

If a patient falls while you are in the home you should:

1. Follow your agency policy, which usually includes the following:

First, check to see whether the patient is alert and awake. Call emergency medical services if he or she is non-responsive and then call the office.

If the patient is alert after the fall and complains of pain, particularly in the hip or other joints, do not move the patient. Cover him or her with a blanket. Call the office and follow the direction of the nurse, therapist, or supervisor.

If the patient is bleeding or cut, administer appropriate first aid.

2. Notify the office about the fall even if there does not appear to be any injury.
3. Document the fall in your visit report, including actions you took.
4. Complete an "incident" report according to agency policy.

If a patient reports falling while you were not there you should:

1. Find out as much as you can about when and how the fall occurred.
2. Carefully examine the skin for bruises or broken skin during the bath.



3. Report the information about the fall to the office.
4. In your visit report, document the report of the fall and that the office was called.

CASE STUDY: THE RISK OF FALLS

Antoine visits Mr. Otto three times a week. Mr. Otto is 75 years old and has had a stroke. He also has congestive heart failure and arthritis and is taking many different medications. He uses a walker and is a little afraid of ambulating because he fell last summer, even before he had the stroke. Antoine has been seeing Mr. Otto for two months.

Over that time, Antoine has helped remove a lot of the clutter in Mr. Otto's home. He suggested that Mr. Otto have his son put in better lighting, and night lights in the bedroom and bathroom. The nurse arranged for an elevated toilet seat and grab bars to be installed in the bathroom. Antoine helped Mr. Otto rearrange the items in his kitchen so that the things he uses most are not in hard-to-reach places. He follows the assignment sheet and assists with range of motion exercises and makes certain that Mr. Otto ambulates 150 feet every visit. He carefully watches Mr. Otto to make sure he is using his walker every time, and that he uses it correctly.

Although the nurse, Antoine, and Mr. Otto have taken measures to reduce the risk of falling, Antoine is aware that Mr. Otto remains at risk because of his medical conditions, his age, his medications, his use of a walker, and especially the fact that he has fallen before. On a recent visit, Antoine noticed a bruise on Mr. Otto's arm and a small scrape on his hand. He asked Mr. Otto how he got the bruise and scrape. Mr. Otto told him that he slid to the floor while getting out of bed the other day. Antoine asked Mr. Otto some more questions about the fall and whether he was having any pain anywhere.

Antoine told Mr. Otto that he was going to let the nurse know about the fall. Mr. Otto asked Antoine not to call the nurse. He said, "I wouldn't have told you about it if I knew you were going to tell. Now my son will want me to move into that assisted living place he's always talking about." Antoine reassured Mr. Otto that nothing about his condition would be shared with his son unless he gave permission. He also told Mr. Otto that it was important for the nurse to know about the fall.

Antoine called the office and reported the fall. He wrote on his visit report, "Patient says he slipped while getting out of bed last Tuesday and slid to the floor. Has a dark blue bruise about the size of a quarter above his right elbow, and a small skin scrape on the back of his right hand. No pain. Reported fall to nurse [including name of nurse]."

The nurse talked with Mr. Otto's doctor. They decided that some physical therapy might be helpful for Mr. Otto for some strengthening exercises and to develop a new home therapy program for Mr. Otto to follow.

SOMETHING TO THINK ABOUT

List some of the very important things that Antoine did correctly in trying to prevent falls. Are there any other things you think he might have done? Would Antoine have done anything different if Mr. Otto had fallen while he was there instead of before? What is the best way to respond to a patient who asks you not to report something?
