

Fall Prevention Awareness

Satellite Conference and Live Webcast
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Produced by the Alabama Department of Public Health
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Faculty

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A Word of Appreciation



Awareness GOAL

- To help you reduce falls – for your patients and yourself – and minimize injury by:
 - Increasing your awareness of common risk factors
 - i.e. seeing your patient through a “falls prevention lens”

Awareness GOAL

- Enhancing your observation, reporting, and communication skills to reduce those risk factors

Session One Objectives

- At the end of the first half, you will be able to:
 - Explain that falls can often be prevented by managing personal risk factors and safety issues in the home environment

Session One Objectives

- Identify six common risk factors for falling and one serious consequence of a fall
- Describe concrete ways that elders and their families can address those risks
- Explain how you can assist the client to reduce their risk of falling

Fall Prevention Awareness Pre-test



Statistics

- Why is fall prevention important?
 - One out of three older adults fall each year in the U.S.
 - Every 18 seconds, an elder is treated in the emergency room for a fall

Statistics

- Every 35 seconds, an elder dies as a result of injuries from falling
- Nearly 60 percent of fatal falls happen at home

Statistics

- More serious injuries increase with age
 - Adults 85 or older who fall are 4 to 5 times more likely to be injured than people age 65-74

Statistics

- Most fractures among older adults are caused by falls
 - The most common are fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand

Statistics

- **Women are more likely than men to be injured in a fall**
 - Rates of fall-related fractures among older women are more than twice those for men
- **Men are more likely to die from a fall**

Statistics

- **People age 75 and older who fall are 4-5 times more likely than those 65-74 to be admitted to an ECF for a year or longer**

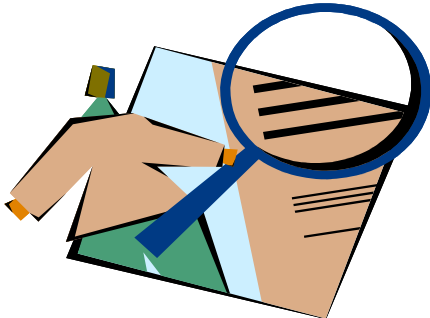
Facts

- **Minor injuries from a fall can have a negative impact on an elder's sense of well-being, safety, and independence**

Facts

- **Falling is not inevitable for an elder**
 - Paying attention to common risk factors can help decrease falls and injury from falls

Fall Prevention Awareness FOCUS



Focus

- **Recall an experience when someone fell - whether a patient, a family member or friend, or yourself**
- **What type of fall was it? Where did it happen? What was the person trying to do when they fell?**
- **What change in behavior or attitude did you notice after the fall?**

Focus

- Compare how your experience fits with the statistics we just covered
- Reflect on the behavioral and attitude changes “after falling” and the effect that falling has on someone’s life

Common Risk Factors

- Six common risk factor categories:
 - Home safety
 - Physical mobility
 - Medications
 - Returning home from the hospital
 - Fear of falling
 - Safety outside the home



Home Safety Risk Factors

- Home safety is the first key risk factor in fall prevention
 - Refer to CDC handout
- Falls are often due to hazards in/around the home

Home Safety Risk Factors

- Think about some of your patient’s homes and recall potential hazards
 - Report and record any hazards you observe

Home Fall Prevention Checklist

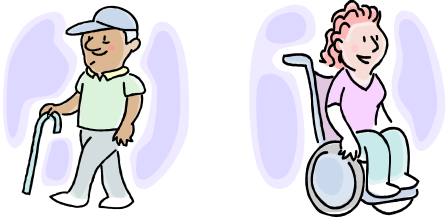
- Floors
 - Look at the floor in each room
- Stairs and steps
 - Look at the stairs and steps both inside and outside the home
- Kitchen
 - Look at the kitchen and eating area

Home Fall Prevention Checklist

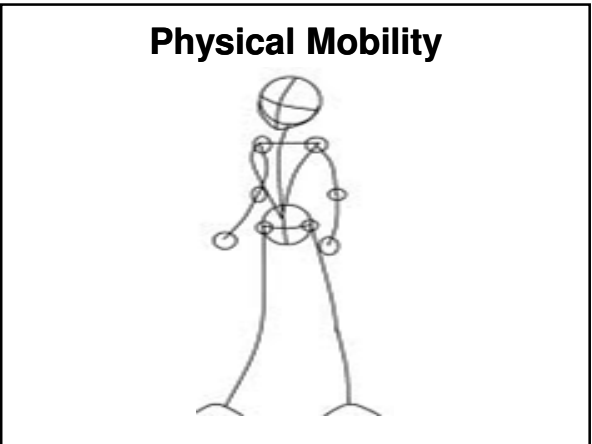
- Bathroom
 - Look at all the bathrooms
- Bedroom
 - Look at all the bedrooms

Physical Mobility

- The second key risk factor is physical mobility



The illustration shows two individuals representing physical mobility. On the left, a man wearing a cap and a green shirt is walking with the aid of a cane. On the right, a woman with red hair is seated in a wheelchair. Both figures are set against a light purple oval background.



Physical Mobility Risk Factors

- Muscle weakness – especially in the legs
 - Assist patient with prescribed exercises
 - Encourage and assist client to stay physically active

Physical Mobility Risk Factors

- Assist with transferring, standing, etc.
- Observe, Record, Report (ORR) signs of increasing weakness

Physical Mobility Risk Factors

- Balance and gait
 - Assist with transferring, standing, etc.
 - Remind patient to use cane or walker and ensure safe use of devices
 - ORR signs of balance or gait problems

Physical Mobility Risk Factors

- Vision problems
 - Increase lighting in rooms
 - Use night lights
 - If patient wears glasses, remind him or her to use them and to keep them clean

Physical Mobility Risk Factors

- Encourage patient to wear sunglasses outside
- Allow time for the patient's eyes to adjust to the change in brightness when going outside or when going back inside
- ORR problems with seeing or hearing

Physical Mobility Risk Factors

- Dizziness – drop in blood pressure after standing up
 - Encourage patient to get up slowly after sitting or lying down
 - Go slowly during transfers
 - Wait to ensure patient is not dizzy

Physical Mobility Risk Factors

- Encourage patient to drink plenty of water
- Check patient's blood pressure
- ORR signs of dizziness

Physical Mobility Risk Factors

- Foot problems – pain, numbness, or wearing unsafe footwear
 - Assist patient to keep feet clean and dry
 - Ensure that patient wears shoes with a low, sturdy heel and non-slip soles

Physical Mobility Risk Factors

- Encourage patient to wear shoes inside as well as outside the house
- ORR corns, calluses, numbness, or pain in patient's feet

Risk Factors: Medications

- The third key risk factor in preventing falls is medications
- Medication <> falls
- Some medications, or the interaction of multiple medications, can increase the risk of falling

Risk Factors: Medications

- Some prescription medications, vitamins, herbal supplements, or over-the-counter remedies may have side effects that can make a patient feel drowsy, dizzy, or light-headed
 - Some of these medicines or combinations of medicines may cause a loss of balance or feeling unsteady when standing up

Risk Factors: Medications

- Many medicines are water soluble and can 'build up' if dehydrated
 - Adequate water intake is important

Risk Factors: Medications

- Four or more medications:
 - Increases the chance of side effects
 - Four medications is not a lot when you include prescriptions, over-the-counter remedies, vitamins and herbal supplement

Risk Factors: Medications

- Over-the-counter medication
 - Can include aspirin, antacids, cold medicines, pain relievers, vitamins, and herbal supplements
 - These may interact with prescription medications

Risk Factors: Medications

- High blood pressure medication
 - These medicines may cause side effects such as feeling dizzy or light-headed

Risk Factors: Medications

- If the patient feels dizzy or light-headed:
 - Slowly stand up from a seated position
 - Dangle their legs over the side of the bed for a few moments before standing

Risk Factors: Medications

- Alcohol and medication
 - Alcohol causes dizziness or light-headedness
 - Alcohol can interact with medications
 - Alcohol can make medicines less effective or cause side effects

Risk Factors: Medications

- Interventions
 - Encourage the patient to talk with their nurse, pharmacist, and doctor about all their medications and side effects and share with them their goal of preventing a fall

Risk Factors: Medications

- Encourage the patient to remember to include over-the-counter medicines and other supplements
- Encourage the patient to drink lots of water

Risk Factors: Medications

- If the patient drinks alcohol, encourage the patient to ask their pharmacist and doctor to explain how alcohol interacts with medicines
- ORR – Observe, Record and Report

**Risk Factors:
Post-hospital Discharge**

- The fourth key risk factor in fall prevention is hospitalization
- The risk of falls increases for elders after they come home from the hospital
- HHAs can provide critical interventions during this transitional time

**Risk Factors:
Post-hospital Discharge**

- Physical mobility
 - Muscle weakness, balance, and gait are likely to be worse after a stay in the hospital
 - Patient may have a new assistive device to get used to
 - Patient may be experiencing new pain that may limit mobility

**Risk Factors:
Post-hospital Discharge**

- Medication management
 - Patient is likely to have new medications

**Risk Factors:
Post-hospital Discharge**

- Home safety
 - Moving around the home may be more difficult than before if the patient is weaker or has new assistive devices and/or new medications
 - Patient may feel safer at home and eager to get back to the old routine

**Risk Factors:
Post-hospital Discharge**

- Tips to help prevent falls after hospital discharge:
 - Observe, Record and Report (ORR) problems with physical mobility, medication management, and home safety

**Risk Factors:
Post-hospital Discharge**

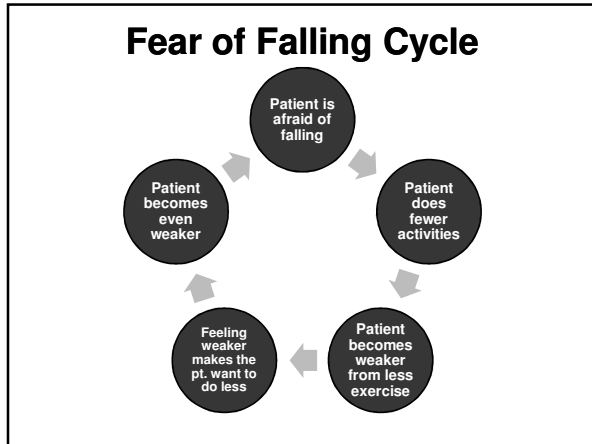
- Do home safety checklist (with new pt.) or re-do it (with patient's you've already worked with)
- Make sure patient uses glasses and hearing aids if needed
- Encourage patient to drink lots of water

Fear of Falling

- Fear of falling (FOF) is the fifth key risk factor in fall prevention
- How can fear of falling increase an individual's risk of falling?
 - Limit activities
 - Stop doing things still capable of doing

Fear of Falling

- FOF is a natural response after a fall
 - Limiting activity leads to a loss of strength and a downward cycle of decreasing activity and decreasing strength



Fear of Falling

- What can a HHA do to break the downward cycle?
 - Encourage the patient and discuss the importance of staying active
 - Help the patient identify activities he/she would like to do and make a plan to help them feel confident enough to do those activities

Fear of Falling

- Help the patient take concrete steps to reduce risk of falling
 - i.e. do a home safety survey, start an exercise program, have their vision checked, and report concerns you think could be related to medications

Fear of Falling

- Observe, Record, and Report signs of increasing weakness or lack of balance

Safety Hazards from Indoor to Outdoor

- Sixth key risk factor = outdoor safety hazards
- Vision factors for falling outside the home
 - Changes in light from indoors to outdoors and sun glare

Safety Hazards from Indoor to Outdoor

- Steps, curbs, and irregular pavement on sidewalks and in streets
- Floors that become slippery when wet
- Hearing-related risks also a factor

Safety Hazards from Indoor to Outdoor

- When leaving the house or building, be aware of:
 - Items the patient should have when they leave
 - Glasses
 - Hearing aids
 - Walkers, canes, or crutches

Safety Hazards from Indoor to Outdoor

- Be aware of changes in light:
 - Wear sunglasses or a hat
 - Go slowly from dark to brightly lit areas, and vice versa
 - Let the eyes (or glasses) adjust

Safety Hazards from Indoor to Outdoor

- Notice the floors!
 - Tile or marble floors are slippery when they're wet
 - Deep pile carpet and transitions between rooms can also be a tripping hazard

Safety Hazards from Indoor to Outdoor

- When outside, watch out for these things and assist your patient
 - Sidewalks/walkways
 - Uneven surface and cracked surfaces
 - Curbs and ramps

Safety Hazards from Indoor to Outdoor

- Driveways/parking surfaces:
 - Wet or icy surface
 - Cracks and bumps in the road surface

Serious Consequence

- Traumatic Brain Injury (TBI)
 - A head injury from falling or bumping the head
 - Parts of the brain don't work right afterwards
- Falls are the leading cause of TBI
- TBI can result in death!

Serious Consequence

- **After someone falls, observe for signs of TBI**
 - **Especially if the head hits the ground or some hard object**
- **Report ALL falls to your supervisor and to the family**

Serious Consequence

- **Signs of TBI may not appear for days or weeks after a fall**
 - **Someone with a TBI may look fine, even though he or she may act or feel differently**
 - **Watch the client for changes in behavior for days and weeks after a fall**

Serious Consequence

- **Even small changes in behavior need to be reported**
- **The signs and symptoms of TBI are all risk factors for falling that you've already been taught to Observe, Record and Report in the physical mobility category**

Serious Consequence

- **TBI signs/symptoms same as those in physical mobility category**
- **Can forget to associate them with a fall**
- **Important to report ALL falls!**

Serious Consequence

- **Signs of mild TBI include:**
 - **Headache that won't go away**
 - **More trouble than usual remembering things**
 - **Problems with concentrating or making decisions**
 - **Slower thinking, speaking, moving or reading**

Serious Consequence

- **Getting lost or easily confused**
- **Feeling tired all the time**
- **Mood changes, for no reason**
- **Sleeping a lot more, or having a hard time sleeping**
- **Dizziness or loss of balance**
- **Blurred vision or eyes that tire easily**

Serious Consequence

- Signs of moderate or severe TBI include:
 - Same signs of mild TBI, but also:
 - A headache that gets worse or does not go away
 - Repeated vomiting or nausea
 - Convulsions or seizures

Serious Consequence

- Inability to wake up from sleep
- Dilation of one or both pupils
- Slurred speech
- Weakness or numbness in the arms or legs
- Loss of coordination
- Increased confusion, restlessness, or agitation

Serious Consequence

- NOTE
 - Older adults taking blood thinners (e.g. Coumadin) should be seen immediately

What YOU Can Do to Prevent Falls

- Four strategies for an aide to help lower the chances of falling: *Refer to CDC handout
 1. Assist the patient to begin or maintain a regular exercise program

What YOU Can Do to Prevent Falls

2. Encourage your patient to keep a list of all medications and have the pharmacist, doctor, or nurse/supervisor check them
3. Encourage the patient to get his/her vision checked regularly

What YOU Can Do to Prevent Falls

4. Do a home safety check and talk with the patient and/or family members about problems identified