



Promoting Safety, Reducing Falls

Heightened vigilance and attention to detail on the part of frontline caregivers can go a long way toward mitigating the risk of falls.

This is the first in a series of occasional articles from the National Association of Geriatric Nurse Assistants (NAGNA).

A SAFE ENVIRONMENT IS A BASIC human need and, according to Maslow, is an environment that offers stability; protection; order; and freedom from fear, anxiety, and chaos. Many nursing facility patients have strong feelings of danger, insecurity, and fear. These feelings affect their behavior and physical abilities. For example, some patients can actually become immobilized with the fear of falling.

Because of aging changes; underlying disease processes; and psychological, social, and economic stresses, the elderly population is at an increased risk of accident and injury. Injuries from accidents are the fifth-leading cause of death in individuals over age 65.

Accidents (F-tag #323) and prevention of accidents (F-tag #324) are among the most frequently cited deficiencies in nursing facilities in the United States. Although accidents do occur in the nursing facility setting, many are preventable.

There are some basic reasons that accidents are more common in nursing facilities than in the home:

- Most nursing facility patients have disabling conditions;
- Patients are in an unfamiliar environment; and
- Patients are more dependent on others for care.

By simply focusing on fall prevention, caregivers can enhance the quali-

ty of life for patients, promote their independence, maintain their highest practicable level of functioning, and also conserve health care dollars.

Major Risk Factors

If caregivers are to prevent falls, they must first have a working knowledge of the key factors that determine which patients are most at risk.

■ *History of falls* Any information about previous falls should be reported immediately to the charge nurse.

Important details include the specific activity the patient was doing at the time of the fall, any symptoms experienced just before or at the time of the fall, and any injuries sustained.

■ *Nutritional status* Dehydration can cause confusion and lead to light-headedness. Poor nutritional intake can increase fall risk. It is important that caregivers observe a patient's eating and drinking patterns, along with physical condition.

■ *Elimination patterns* Since most falls occur when a patient is going to or from the bathroom, it is critical for caregivers to observe an individual's elimination patterns, including how they get to and from the bathroom, how they get on and off the toilet, and how frequently they need to go. Risk factors may be higher if there is urgency or incontinence on the way to the toilet, or if a patient gets up frequently at night to go to the bathroom.

■ *Intrinsic factors* Factors such as the sex and age of a patient are considered intrinsic to the individual. The incidence of falls increases greatly at age

75, for example, and women are at greater risk for falls than men. Vision and hearing losses or deficits also contribute to falls, as do certain medical conditions such as neurological deficits, musculoskeletal diseases, or urinary and bladder dysfunction.

■ *Gait and balance disturbance* These are the second-leading cause of falls, and it's important for caregivers to continually observe every patient's gait and balance. Changes in gait and balance can be accommodated to prevent falls.

■ *Extrinsic factors* These include risk factors outside the patient's body, such as environmental hazards (objects or barriers, electrical cords, throw rugs, loose carpet, furniture, pets, wet floors, puddles, bathtubs, poor lighting, uneven floors, highly patterned floors, or stairs that are too steep). In addition, many elderly patients fall out of bed trying to climb over bedrails, a cause of some of the most serious injuries.

Clothing and shoes can also cause problems, especially if the clothing is too long and loose or the shoes do not fit properly.

■ *Improper use of assistive devices* is potentially dangerous for patients to have such devices as a cane or walker without proper knowledge of how to use them.

■ *Medical treatment issue* Side effects from medications are a major cause of falls in the elderly. It is important for caregivers to note all com-

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plaints and symptoms, especially after a patient starts on a new medication.

What Caregivers Can Do

Caregivers who understand the risk factors and causes of falls can best assist in fall or accident prevention by keeping the following in mind:

- Be alert to patients who have a history of falls and make a conscious effort to “eyeball” them more frequently. Caregivers should answer call lights as promptly as possible to avoid unsupervised ambulation to the bathroom.

- Whenever a patient is on a new medication (a new blood pressure medication, for example), caregivers should be alert for signs of side effects such as dizziness or light-headedness.

- Caregivers must constantly remind patients to rise slowly from a lying or sitting position. This allows the circulatory system time to adjust to the changes in position, preventing light-headedness.

- Caregivers should observe and report any changes in fluid or food intake. Unless contraindicated, fluids should be offered frequently as elderly patients may have a diminished sense of thirst, even though their bodies need the fluids.

- Caregivers should observe a patient’s elimination patterns and develop regularly scheduled trips to the bathroom for patients who need assistance. This prevents them from trying to go unassisted, causing falls, and also helps to avoid incontinent “puddles” of urine on the floor, which can also cause falls. Because most falls occur during the busiest times of day, caregivers should make an effort to schedule toileting trips before and after busy periods.

- Caregivers should be alert to patients with visual or hearing impairments and make sure that eyeglasses and hearing aids are clean, in working order, and either within reach or in use by the patient.

Fall Facts

- Falls account for two-thirds of all accidents among the elderly.

- Between one-half and two-thirds of elderly living in nursing facilities fall every year.

- About 40 percent of those who fall experience more than one fall.

- For those over age 85, 20 percent of the falls are fatal.

- In one study at a rehabilitation center, 37 percent of falls occurred during the busiest times of day, especially at shift change, and were related to needs for elimination, food or fluid, or sleep.

- The same study found that more falls occurred during the first week and after the third week of admission.

- Up to 15 percent of all falls result in physical injury.

- Hip fractures account for only about 2 percent of injuries, but lead to death within one year in 27 percent of cases.

- 85 percent of people with hip fractures suffer functional loss leading to increased dependence.

- In all settings, the majority of falls take place in the bedroom or bathroom and are related to going to or from the bathroom.

- Active people fall more often than inactive people.

- Frail elders and those having difficulty with activities of daily living have more repeat falls.

- Falls cost the United States about \$100 billion every year in both direct and indirect costs.

- Falls impact health care services and resources through use of emergency services, hospital admissions, and length of hospital stays to treat injuries and complications.

- Falls not only have physical consequences for the elderly, but psychological and emotional ones as well.

Source: NAGNA

- Caregivers should encourage patients to participate in activities that promote mobility and independence.

- Caregivers should keep frequently used items—water glasses, tissues, TV remote controls, telephones, mail, call lights—within easy reach of patients.

- It is critical that caregivers make sure that a patient’s path to the bathroom is clear, free of clutter, and well lit. If a tile floor is very shiny, the patient should be told that it is polished, not wet. Patients should be assured that a patterned floor is level even if it doesn’t appear to be.

- Caregivers should always make sure that beds are in the lowest position to the floor and that wheels are locked. Wheelchair wheels also must be locked before transferring a patient.

- Caregivers should inspect assistive devices routinely to make sure they are in good repair and working order with no missing or loose parts (rubber tips on canes or walkers, for example).

- Caregivers should observe whether patients are wearing the proper size shoes—preferably with slip-resistant soles.

- Caregivers should regularly inspect the condition of a patient’s feet to make sure that there are no deformities or open areas that might affect gait.

Preventing falls is the responsibility of everyone in the facility. If a facility already has a fall-prevention program in place, as most do, it is the responsibility of all staff to know it and be familiar with at-risk patients. Mindfulness of fall- and accident-prevention protocols plays a major role in keeping patients safe and ensuring their quality of care and quality of life. ■

For More Information

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