



FALLS: ARE WE REALLY DOING EVERYTHING TO PREVENT THEM ?

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WHAT ARE THE RISK FACTORS?



- Advanced Age
- Cognitive Impairment
- Gait Impairment
- Polypharmacy
- Pain
- Hunger/Thirst
- Constipation
- Toileting needs
- Incontinence
- Boredom
- Sleep
- Old School Methodology

ADVANCED AGE: What's going on here?



- Visual deficits
- Decreased reflexes
- Osteoarthritis
- Decreased muscle mass and strength (Did You Know...to make up for the muscle mass lost during each day of strict bed rest, older people may need to exercise for up to 2 weeks.)
- Hearing deficits (High-pitched sounds are particularly hard for older people to hear.)
- The heart and blood vessels become stiffer. The heart fills with blood more slowly. The stiffer arteries are less able to expand when more blood is pumped through them. Thus, blood pressure tends to increase.
- Slower GI motility
- The urinary sphincter is less able to close tightly and prevent leakage. Thus, older people have a more difficulty postponing urination.

COGNITIVE IMPAIRMENT: What were you thinking ???



- What is the root cause?
- Is this acute (r/t abnormal labs, infection, hypoglycemia, etc.) ?
- Is this chronic (r/t dementia, CVA, TBI, encephalopathy, etc.)
- What is the severity?
- What sensory aids/interventions are in place?

GAIT IMPAIRMENT: It's been a long time since I rock and rolled, It's been a long time since I did the Stroll.



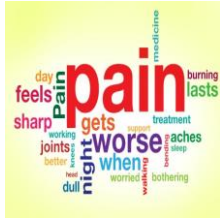
- Slowed gait
- Shuffled gait
- Kyphosis
- Improper use of mobility aids
- Ill-fitting footwear
- Neuropathies
- Osteoarthritis

POLYPHARMACY: These are drugs. This is your brain on drugs...



- Antipsychotics
- Benzodiazepines
- Hypnotics
- Antihypertensives
- Insulin & Oral Hypoglycemics
- Anticholinergics

PAIN: Everybody hurts sometimes



- What is the type of pain – neuropathic, arthritic, visceral, surgical, wound, etc.?
- What is the description— burning, sharp, dull, etc.
- Are there non-verbal signs— furrowed brow, facial, etc.?
- Is depression a contributing factor?
- What non-pharmacological interventions are in place?

HUNGER/THIRST: I'm just a cheese burger in paradise



- Agitation can sometimes be a sign of hunger or thirst
- Different types of food have different effects on the body

CONSTIPATION: Problems with the plumbing



- When was the last BM?
- What is the assessment of bowel sounds?
- Is there any abdominal pain/tenderness?
- Does the bowel management regimen need to be revised?

TOILETING NEEDS: Gotta go, gotta go, gotta go right now.



- o Has voiding pattern been established?
- o Are we toileting often enough?
- o Does the resident currently have a UTI?
- o Are there clinical complications (BPH, stricture, etc.)?

INCONTINENCE: When the levee breaks...



- o Are we doing incontinence rounds every 2 hours on NOC shift?
- o Why?
- o Better products are available: Tena, Preval, and Covidien all carry overnight briefs designed to hold up to 1500cc's of urine
- o Rounds only need to be done at beginning and end of Noc shift, allowing residents to get the sleep they need.

BOREDOM: Bored of being bored because bored is boring.



- o Have each we determined what activities each resident prefers, and are we doing it?
- o Are the staff trained in providing activities to dementia residents?
- o Are our activities meaningful, fun, and interactive?
- o Do we offer enough variety of activities?

Sleep: To sleep perchance to dream...



- Are our residents getting a good night's sleep?
- Average adult over age 50 requires at least 5-10 hours of sleep
- Sleep deprivation can lead to falls, behavior issues, decreased cognitive functioning, and decline in overall health status

ENSURING A GOOD NIGHT'S SLEEP: All's quiet on the Western Front

Tips for a good night's sleep:



- Use of overnight briefs and decreased NOC shift rounding
- Decreased noise at change of shift pm to NOC (exit quietly)
- Turn off TV's and radios
- Encourage residents to use wireless headphones after 9pm
- Turn down corridor lighting
- Use low-level lighting for NOC shift rounds (such as HUG lights, which can be ordered for about \$15 on Amazon)

OLD SCHOOL METHODOLOGY: Same old song and dance



- Alarms don't prevent falls, so why are we still using them?
- Low beds don't prevent falls and could cause further injury— beds should be maintained at safe transfer height