

Falls facts for doctors

Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Hospitals 2009

Doctors have an important role to play in preventing falls and harm from falls in older patients. You are well positioned to drive organisational change to prevent falls through a team approach to planning, implementing and evaluating a falls prevention program. You are also well placed to recognise changes in a patient's risk of falling and to ensure appropriate, multidisciplinary responses.

The Australian Commission on Safety and Quality in Health Care has produced national guidelines to inform clinical practice and assist hospitals to develop and implement practices to prevent falls and injuries from falls. Successful hospital falls prevention programs use a combination of:

- routine interventions that are delivered together as part of a program
- targeted and individualised falls prevention care plans based on screening or assessment.

What can you do to help?

- Check that targeted and individualised falls prevention care plans for older patients are in place and are based on screening or assessment.
- Ensure that preventing falls is part of routine care for all older patients.

Recommendations from the guidelines

Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Hospitals 2009 recommends falls prevention interventions based on the latest evidence and practice. The following standard falls prevention interventions have been included as interventions in successful in-hospital trials, and should be included in routine practice.

Recommendations specifically for doctors

- Review medications, especially high-risk medications, such as sedatives, antidepressants, antipsychotics and centrally acting pain relief.
- Assess and manage bone health in older people who have, or who are at risk of, low-trauma fractures. This includes the use of vitamin D and calcium, as well as formal treatments for osteoporosis.
- Check lying and standing blood pressure in older patients at risk of falls.
- Ensure that acutely confused patients are investigated for the cause of the delirium, and contribute to the clinical management plan for managing confused older patients.
- Avoid using physical or chemical restraints, where possible.
- If a patient falls while in hospital, examine them and investigate the fall as needed. Assess the patient's risk of falling in future, and provide individualised interventions to minimise this risk.

Other recommendations relevant to all hospital staff

- Ensure that older patients have their usual spectacles and visual aids to hand.
- Organise routine screening urinalysis to identify urinary tract infection.

This fact sheet has been adapted from *Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Hospitals 2009*, developed by the Australian Commission on Safety and Quality in Health Care.

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- Organise routine physiotherapy review for patients with mobility difficulties:
 - communicate to staff and the patient the limits of the patient's mobility status using written, verbal and visual communication
 - put walking aids on the side of the bed that the patient prefers to get up from, and, where possible, assign a bed that allows them to get up from their preferred side
 - supervise or help the patient if required
 - make sure that, while mobilising, the patient wears fitted, nonslip footwear (discourage the patient from moving about in socks, surgical stockings or slippers)
 - encourage the patient to participate in functional activities and exercise (minimise prolonged bed rest and encourage incidental activity)
 - in rehabilitation settings, organise physiotherapist-led exercise sessions to improve balance (eg tai chi and functional activities that are progressive and tailored to individual needs).
- Educate and discuss (with regular review) falls prevention risks and intervention strategies with all staff, patients and their carers.
- Record falls prevention education of staff, patients and their carers.
- Establish a plan of care to maintain bowel and bladder function.
- Instruct patients who are being discharged or transferring between facilities about their medication time and dose; side effects; and interactions with food, other medications and supplements. Make sure that unnecessary medications are not prescribed and that accurate information about medications is shared with all relevant medical practitioners.
- Make the environment safe by ensuring that:
 - the bed is at the appropriate height for the patient (in most cases, it should be at a height that allows the patient's feet to be flat on the floor, with their hips, knees and ankles at 90-degree angles when sitting on the bed), and the wheels or brakes are locked when the bed is not being moved
 - the room is kept free from clutter or spills
 - adequate lighting is supplied, based on the patient's needs (particularly at night)
 - the patient knows where their personal possessions are and that they can access them safely (including telephone, call light, bedside table, water, eyeglasses, mobility aid, urinal, etc)
 - floor surfaces are clean and dry, and wet floor signs are used when appropriate.
- Orientate the patient to the bed area, room, ward or unit facilities and tell them how they can obtain help when they need it. Some patients need repeated orientation because of cognitive impairment; they also might need appropriate signage in suitable script and language to reinforce messages.
- Instruct and check that patients understand how to use assistive devices (eg walking frames) before they are prescribed.
- Have a policy in place to minimise the use of restraints and bedside rails, or to ensure that they are used appropriately and only when alternatives have been exhausted, and where their use is unlikely to prevent injury. In addition, the policy for restraint use should ensure that the risk of injury and falls is balanced against the potential problems of using restraints.
- High-risk patients should be placed within view of, and close to, the nursing station.
- Consider hip protectors and alarm devices (eg bed or chair alarms) for those patients who have a high risk of falling.

All publications are available from the Australian Commission on Safety and Quality in Health Care website www.safetyandquality.gov.au

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