

Falls facts for nurses

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

Nurses 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 a change in a patient's risk of falling and therefore can play an integral part in communicating this to all members of the health care team.

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?

- Play an active role in targeted and individualised falls prevention care plans for older patients, based on a screening or assessment outcomes.
- Ensure that preventing falls is part of routine care for all older patients.
- Participate in coordinated discharge planning.

Recommendations from the guidelines

Preventing Falls and Harm From Falls: 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:

- Ensure that older patients have their usual spectacles and visual aids to hand.
- Review medications, especially high-risk medications such as sedatives, antidepressants, antipsychotics and centrally acting pain relief.
- Measure postural blood pressure to identify patients with significant blood pressure drop.
- Organise routine screening urinalysis to identify urinary tract infection.
- 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).

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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- Educate and discuss (with regular review) falls prevention risks and 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.
- Consider vitamin D supplementation with calcium as a routine management strategy in older patients who are able to walk, or if a patient lives in a residential aged care facility. If a patient has a low-trauma fracture, consider osteoporosis management.
- 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 at high risk of falling.

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