

PROTECT YOUR CLIENTS FROM FALLS!

Falls are a "big deal" for older adults. They account for **2/3 of accidental deaths among older adults**. For adults over age 65, they are the **leading cause of non-fatal injuries**, like fractures of the hip, wrist, arm, rib and spine. Falls have other long-term consequences, too, including **loss of independence and increased anxiety** about falls.

You can make a difference when it comes to caring for older adults who are at risk for falls! by knowing about possible health changes that can cause falls and by helping them take care of risks in their homes.

As a person ages, the risk for falls with an injury increases. **Fifty percent** of persons over 80 years of age fall at least once. Up to 40% of adults over 65 fall at least once. So, consider any person over age 65 to be at risk for a fall.

Women are more likely to fall than men, and are more likely to get hurt when they fall.

Physical changes increase the chance for a fall. These physical changes include decreases in:

- muscle strength
- balance
- endurance
- reflex responses
- vision and hearing

The client also may have:

- an irregular walking gait or pattern
- increased swaying while walking
- chronic pain.

These changes affect the client's ability to make his/her way around things and walk over even slightly irregular floors and sidewalks.

Chronic diseases can result in tiring more easily, not seeing or hearing well, and changes in how muscles are used. Diabetes is a "biggie" when it comes to these kind of changes – feet can feel numb or painful and vision often goes downhill. Parkinson's disease causes changes in the way one walks, causing tremors and rigid movements or "freezing". When a person can't swing his/her arms back and forth when walking, keeping balanced is more difficult.

Even infections or temporary illnesses can cause weakness, a lack of oxygen, confusion, and a sudden drop in blood pressure when standing too quickly. These can lead to falls. In younger people, fever and other symptoms are the first signs of an illness. In an older person, though, **sometimes a fall is the first sign that the person is sick**. This can be true when an older person has a bladder infection, for example. (Confusion can be another sign of a bladder infection, and a confused person is more apt to fall.) Some **medications** can cause hypotension (low BP), which can cause falls.

As you are aware, there can be **hazards in the home** which cause falls. Even small items like a shoe, a cat, or an electrical cord or oxygen tubing can be a risky thing for an older adult. Spilled water, coffee, dim light, lack of grab bars in the bathroom, uneven floors, throw rugs, shoes or slippers that don't fit, hard-to-reach cupboards, light switches or electrical outlets - all these can cause a fall for any of us, and are even more difficult to cope with for a person who is weak or easily thrown off balance.

How can you help prevent falls? You can be observant, and suggest or make changes in the areas where you can – and help your clients to be aware of the areas that can't be changed.

- Encourage your clients to wear glasses and hearing aids, and to turn lights on.
- Encourage them to ask for help when needed! Including "little things" like changing a light bulb.
- Encourage using assistive devices (walker, cane) to help with balance and a steady gait. It is hard for some people to use canes or walkers in public or even at home – it feels like giving up independence or admitting weakness. We can't force them to use assistive devices, but we can kindly point out the advantage of using a cane over falling and breaking a bone. Sometimes they need time to think about it and feel like they make the decision for themselves.
- Encourage taking even short walks or walking back and forth in the home. Range of motion exercises, can be done even from a seated position. "Use it or lose it" is true for any of us. If you walk with clients, ask them to hold onto your R. upper arm, rather than you hanging onto them. This provides safer control for both of you.
- Go slow! as you help them. Clients often need extra time to get out of bed or walk. When they feel rushed, falls happen. Work at their pace.
- Keep rooms clean and walkways empty of items that could make them trip or throw them off-balance. Again, it is sometimes hard for an older adult to give up a throw rug to keep toes warm when they get up at night, etc. Help them weigh the risks and benefits. Giving them choices in these areas helps them feel they are still in control. That works better in the long run than just removing and hiding the rug, for example! Sometimes we have to give people some time to think about things, and approach the problem several times – always with courtesy and respect for their opinions – just like we will appreciate some day!
- Keep cords under the bed, around behind chairs, and make sure there is bright lighting.
- Keep items they need within easy reach.
- Encourage taking blood sugar levels and blood pressure and pulse as the dr. has ordered. Help them document these for the dr. Help the clients keep on top of how they really are.
- Review medications (read the written information from the pharmacy for each med – ask for it if the clients don't get it - ask the pharmacist, or call the nurse) for side effects or med combinations that could make them off-balance or hypotensive.

- When they stand up from a sitting or lying position, encourage them to take a minute for circulation to stabilize, and to think and do "Head over toes, feet before nose!"
- Help clients manage pain as the dr. orders (two pills is not better than one if the dr. hasn't ordered it!), and to take medications within an hour before or after they are ordered, and to drink fluids and eat.
- Be observant – catch changes in balance, vision, etc. early. Clients may not be eager to mention changes for fear they won't get to live at home, or will lose more independence – they are afraid we'll "tell their kids" or the dr. Talk to the clients themselves, helping them put their feelings to words. Ask them if you can tell the family or dr. or the nurse. As they tackle the changes heads on, they will be in control, and we or family won't be "taking over." Perhaps they will wish to ask the dr. for some strengthening therapy, or some balance retraining, or medication changes. (Help them make a list of questions/concerns for the dr.)

We can help prevent falls! And by doing that, we help our clients stay as healthily and happily in their homes as is possible, for as long as they can. And that, after all, is what we are all about!

Dec. 2008 J. Unrau RN 

QUIZ FOR CONTINUING ED. – PREVENTING FALLS.

Who is at risk for falls? Please list 6 characteristics that put a person at risk for falls.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

YOU can help your older clients stay more safely and for a longer time in their homes, where they are the most likely to be happy and content!

Please list 6 things you can do to help prevent falls for your clients or older family members.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Your name _____ Date _____