

FALLS

A fall is any unintentional change in position where the person ends up on the floor or another level lower than their previous position.

It includes slips, trips and falls that occur while others are helping.

Alert

In an emergency, call **111** for an ambulance



FALL RISK FACTORS

Environmental

- Poor-fitting footwear and clothing
- Poor lighting
- Floor surfaces – wet or slippery
- Clutter

Medication

- Polypharmacy – too many prescribed or over-the-counter medications
- New or changed medication
- Change of health status/weight requiring change of medication dose
- Diabetes and hypoglycaemia

Resident centred

- Frailty
- Past history of falls
- Pain
- Three Ds – dementia, depression, delirium
- Poor health, eg, cardiac, diabetes, neurological disorders
- Infection or acute health issue, eg, respiratory or urinary tract infection
- Multiple health issues
- Impaired function, eg, vision, hearing, balance, mobility
- Dehydration/reduced nutrition



REPORT

Assessment

- Check area for safety
- Do not move resident. Make comfortable
- Call registered nurse
- Body assessment
 - **A**—Airway, **B**—Breathing, **C**—Circulation
 - Head injury, stroke, cardiac failure, fracture?
 - Vital signs and blood glucose level
 - Medications – is resident on any blood thinners?
 - Assess for all injuries
 - Pain/discomfort assessment
 - Neurological assessment
- Cause of fall – how, when and why?



ACTION

Action plan

In an emergency, call 111 for an ambulance

- Call registered nurse and/or manager
- Start resuscitation, if appropriate (what is resident's wish?)
- Reassure resident (other residents, family and whānau, visitors)
- Assess and record:
 - **Minor injury** – first aid, observation, treatment, ongoing assessment – neuro/obs
 - **Major injury** – first aid, ambulance, observations, ongoing assessment and report
- Inform registered nurse, relatives, next of kin, enduring power of attorney, complete incident form and follow facility protocol



ACTION

CARE MANAGEMENT OF RESIDENT AFTER A FALL

Continue to monitor as per registered nurse instruction

Monitor

- Observations
- Skin integrity
- Delirium
- Bowels and urine output
- Cognition – depression/dementia
- Hydration and nutrition
- Medication effects

Fall prevention

- Document fall risk and management plan in resident's care plan
- Resident education (if appropriate)
- Environmental assessment
- Visual and hearing aids
- Footwear and clothing
- Exercise – walking, strength and balance exercise as directed by the physiotherapist
- Continence management
- Adequate fluid and nutrition
- Medication management –/+ vitamin D
- Hip protectors, sensor mats, and so on
- Physiotherapy referral/assessment



RECORD

Document in progress
notes and update care
plan