

FALL PREVENTION AND INJURIES IN OLDER ADULTS

(By Insert name)

Course Codes

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Patient safety continues to be a formidable measure that hospitals and the care givers have to contend with on a daily basis. ~~Many facilities have indeed invested heavily in technology and contemporary security systems, however patient safety especially those over the age of sixty five continues to be a challenge to nurse managers and facility managers. It is estimated that out of one hundred thousand elderly patients, thirty one suffer fall-related deaths in a single year. As the age goes up above sixty five the number of falls increases to one fall in every two patients for those above eighty years in the United States.~~ Reports have it that the severity of injury suffered worsens with increase in age. Injury suffered could be simple injury or scratch, bone fractures and it builds up to post-fall anxiety which incapacitates patients to be dependent on other people.

The nurses have an extra responsibility of ensuring that patients are safe on top of providing care and this they do by ~~considering every client's case with its own needs and risk factors. Nurses in consultation with their colleagues in other teams should do a medical review of the client's records from admission through the current time (Jorgensen, 2011). This would highlight the risk prevalence of the patient such~~ as those taking strong medication which would allow them to be grouped as high or low risk patients for monitoring depending with the degree of risk.

In order to prevent falls, it is good to understand them first so that preventive measures put in place are developed to specifically address the underlining problem. It is therefore

important to classify falls into anticipated, unanticipated and accidental (RNAO, 2012). From each category, nurse managers ~~are able to design preventive measures and appropriate decision~~ ~~making.~~ To prevent anticipated falls which may be common to mental patients, patients with sensory problems, patients frequently visiting the toilet and so on can be addressed by having these patients supervised closely (RNAO, 2012). Unanticipated falls which could be from seizures, stroke and sports injuries are not expected to happen because the patient is usually classified low risk but they happen nonetheless. Accidental falls occur to anyone including those classified as extremely low risk and are usually due to environmental hazard (RNAO, 2012).

Nurses could consider using gadgets such as hip protectors which helps to reduce hip injuries and fractures which is ~~very common in many patient falls. These protection could be~~ ~~used on high risk patients and more so old adults in hospitals. On top of this, the nurses could~~ ~~also introduce Vitamin D particularly to high risk elderly patients as an intervention to fall risks~~ ~~(Jagannathan, 2017). This should be accompanied with~~ other dietary information, life style and advising on treatment choice for osteoporosis prevention which is pertinent to plummeting fracture from fall.

Hospitals on the other hand can implement universal fall interventions which are considered the cornerstone of any hospital fall prevention program ~~because they can be applied~~ ~~in any facility and any patient anytime. To be able to use universal prevention, it is imperative~~

to include nurse gloves and other staff interacting with patients regardless of whether they are not clinicians or physicians. According to Clunker et al. (2003) some of these precautions include:

- Keeping patient's personal stuff such as toiletries, within their reach
- Making the patient aware and familiar with their environment
- Maintaining call light, TV remote, bed bell within patient's reach
- Maintaining the bed in a low position when the patient is resting in bed and raise it whenever transferring patient out of bed.
- Keeping the wheelchair wheel locked especially when the chair is not in motion.
- The other is keeping floor surfaces clean and dry among other measures

It is important to ensure hourly rounding for these checks which could be between 6am and 10pm but the nurse should remember that a sleeping patient is not to be disturbed except as needed to administer drugs or other care services. These daily rounds should be guided by the "4Ps" which is assessing patient's pain levels, helping with personal needs like using the toilet, offering them empty commodes/benches, helping the patient to comfortable position and finally

making sure that essentials such as phone, reading materials, toileting materials, call light, TV remote among others are within easy reach.

Even mind boggling numbers and statistics of inpatient falls in the past two or more years, there is a risk of underreporting of fall incidents. Fall reported cases which is a more quality measure would then be increased (Mackner et al. (2004); then when more action would otherwise have been taken, it is not and this is why even with these concerted efforts, fatalities related to falls are still experienced.

In nutshell, it is imperative to have strong controls and quality of care assessment mechanisms within hospitals. It is also good for the nurses and other care givers to understand processes to follow to ensure inpatients' safety from falls-related injury especially the elderly. It is equally important for everyone involved to understand available technology and technological know-how to enable good decision making that can help reduce these cases. Some of this includes knowing how low a bed should be, maintaining a clean and dry floor, adequate lighting among a raft of other precautionary measures available to optimize client's safety as well as that of the care giver.

References

- Gardner, M., Robertson, C. & Campbell, J. (2000). Exercise in preventing falls and fall related injuries in older people: a review of randomized controlled trials. *Br F Sports Med.* 34: 7-17. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1724164/pdf/v034p00007.pdf>
- Jorgensen, J. (2011). Reducing patient falls: a call to action. *Official Journal of ANA.* 6(3). Retrieved from <https://www.americannursetoday.com/special-supplement-to-american-nurse-today-best-practices-for-falls-reduction-a-practical-guide/>
- Registered Nurses Association of Ontario, (RNAO) (2012). Prevention of fall and fall injuries in the older adult. Retrieved from <http://www.networkofcare.org/library/Nursing%20Best%20Practice%20Guideline-%20Prevention%20of%20Fall%20and%20Injuries%20in%20the%20Older%20Adult.pdf>