FALL PREVENTION AND INJURIES IN OLDER ADULTS

(By Insert name)

Course Codes

Professor's Name

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FALL PREVENTION AND INJURIES IN OLDER ADULTS

Patient safety continues to be a formidable measure that hospitals and the care givers have to contend with on a daily basis. [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted]

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]

  [illegible]
- [illegible]
- [illegible]

[illegible] 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 [redacted] 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 [redacted] lighting among a raft of other precautionary measures available to optimize client's safety as well as that of the care giver.

References

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