

Patients who are confused could fall when in hospital - information for families and carers

People with confusion (memory or thinking problems) have an increased risk of falling when in hospital due to cognitive impairment, physical illness and being in unfamiliar surroundings. A patient's cognitive impairment may be due to dementia and or delirium.

Did you know?

- People with dementia are at increased risk of a fall and developing delirium
- Delirium is common in older patients in hospital, and can lead to a fall



Photo courtesy of Alzheimer's Australia NSW

Dementia is a term for a number of conditions that affect memory, judgement, communication and the ability to carry out everyday activities. Alzheimer's disease is the most common cause of dementia.

Delirium is an acute condition and sudden. Patients may become agitated, disorientated or have changes in level of consciousness. Possible causes include: infection (including urinary tract infection), effects of medications, pain, dehydration, malnutrition, drug/alcohol withdrawal, urinary retention and constipation. Delirium can develop without dementia. Identifying delirium early, treating the cause, managing the symptoms and supportive care is very important to keep your family member safe.

Behavioural changes you may notice include:

- A change in "usual" behaviour
- Sudden onset of confusion, disorientation, forgetfulness, unable to pay attention, hyperactivity
- Short term memory loss
- Hallucinations (seeing things that are not there)
- Changes in sleep habits (awake during the night, sleepy during the day)
- Agitation, sudden changes in emotions, feeling fearful or upset
- Withdrawn, sleepy or unresponsive
- Changes to level of consciousness

How can you help?

Family members and carer may be in a better position to notice changes in behaviour and function. **It is important to notify staff if you notice any change in "usual" behaviour.**

Planning care to reduce the risk of a fall while in hospital



Strategies to consider

Staff can reduce the risk of a fall by:

- Minimising background noise and distractions as this can be unsettling
- Leaving a night light on to guide the way to the bathroom
- Encouraging night time sleep by reducing noise and minimising disturbance and reducing day time napping
- Ensuring personal care needs are met on a regular basis e.g. regular toileting and assistance with meals as required.
- Providing assistance when walking as balance and strength may to be affected
- Ensuring any walking aids, buzzer and any other items which are regularly used are in easy reach
- Talk to family and carers about the usual routine at home e.g. likes to shower after dinner and reads the paper after breakfast each morning

Families/carers can reduce the risk of a fall by:

- Talking to the doctors and nurses regarding decisions relating to care
- Placing familiar objects where they can be seen e.g. photographs
- Providing personal information about the patient e.g. what they like to be called, tips for care e.g. likes, dislikes and whether an interpreter is required
- Having family or a familiar person spend time in hospital with the patient

Staff may make referrals to:

- A Physiotherapist e.g. for mobility aids or balance and strength exercises
- An Occupational Therapist for enhancing personal care skills
- A Doctor to review the cause of confusion and review medications
- A Podiatrist for foot care, if any foot pain or problems identified

Falls Prevention[®]
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Acknowledgement to:

The Australian Commission on Safety and Quality in Health Care *Preventing Falls and Harm from Falls in Older People*, Best Practice Guidelines for Australian Hospitals 2009.

For further information scan this with your smart phone



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Updated December 2013 SHPN (CEC) 130480

