April 2014

APRIL FALLS MONTH

Residential Care
What is a fall?

• A fall is an event which results in a person inadvertently coming to rest on the ground, the floor or other lower level

• This can be from standing, bed or chair
Falls Facts

• A fall can cause a serious injury

• 50 - 60 % of residents fall at least once per year

• 15% of older people fall within 1 month of discharge from hospital
Risk factors for falls

Medical Conditions
- Stroke
- Incontinence
- Parkinson’s disease
- Dementia
- Delirium

Medications
- Psychoactives
- Four or more medications

Psychosocial & Demographic
- History of falls
- Depression
- Advanced age
- Living alone
- ADL limitations
- Female gender
- Inactivity

Sensorimotor & Balance
- Muscle weakness
- Impaired vision
- Reduced peripheral sensation
- Poor reaction time
- Impaired balance

Environmental
- Poor footwear
- Home hazard
- External hazard
- Inappropriate spectacles

Falls
Fall Facts - Residents

• Approx 75% of residents have a mobility disability

• At least 50% have cognitive impairment

• Falls have a high correlation to poor standing balance and cognitive impairment
Residents most at risk of a fall

Those who:

- have impaired cognition/confusion
- are impulsive and wander
- have poor standing balance
- have fallen in the previous year
- are on antidepressant, sedatives, hypnotics, benzodiazepines and antipsychotics

People with confusion (memory or thinking problems) have an increased risk of falling due to:

- cognitive impairment (e.g. changes in gait, muscle weakness)
- physical illness (e.g. delirium, fever, weakness, dehydration, dizziness)
- unfamiliar surroundings (e.g. changes in living arrangements)

A patient’s cognitive impairment may be due to dementia and/or delirium
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. 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.
Causes of Delirium

Almost any medical illness, intoxication or medication can cause delirium. Delirium is often caused by a number of factors. Some examples of causes are:

- Dehydration
- Detox (ETOH or sedative withdrawal)
- Discomfort or pain
- Deficiency state (nutrition, vitamins)
- Elimination abnormalities (urinary retention, constipation);
- Infection
- Infarction (cardiac, cerebral)
- Electrolyte imbalance
- Restraints; restricted movement/mobility
- Injury, including head injury/stroke
- Impaired sensory input (vision, hearing);
- Medications
- Iatrogenic events
Recognising Delirium

• Observing fluctuating changes in cognition e.g. increased agitation, restlessness, lethargy, aggression
• Screen for delirium – complete a CAM tool (Confusion Assessment Method)
• Prompt assessment, ensure adequate hydration and nutrition, pain management and treatment of any infection e.g. urinary tract infection
Interventions for preventing falls

There is good evidence in residential care for:

- Vitamin D supplementation*
- Medication review
- Multifactorial interventions provided by multidisciplinary team

References:
- Cameron et al 2010, Cochrane Database of Systematic Reviews.
- Nowson et al 2012, MJA 196 (11) ; 18th June 2012.
Vitamin D Supplementation

- Vitamin D plays an important role in bone health
- Residents in RACF are at high risk of Vitamin D deficiency
- Vitamin D supplementation is a recommended intervention for reducing the rate of falls in RACF (Cameron et al 2013 Cochrane review)
- Osteoporosis Australia* recommends that older people in residential care receive Vitamin D supplementation of 1000IU per day and have adequate calcium (1300 mg/day) from dietary sources and supplementation (limited to 500-600 mg daily) if required
- Vitamin D is available in different formulations including chewable jellies and liquid form.

Medications and Fall Risk

Medications may affect many aspects of function relevant to fall risk:

– Mental Status (impaired cognition, drowsiness)
– Mobility (balance and altered gait)
– Toileting (diuresis - urgency)
– Vision (blurring)

Taking multiple medications, regardless of what they are, may increase fall risk.
# HIGH FALL RISK Medications

## Central Nervous System acting drugs

<table>
<thead>
<tr>
<th>Sedatives, Hypnotics, Anxiolytics</th>
<th>These medications may cause an altered or diminished level of consciousness impairing cognition and causing confusion and drowsiness</th>
<th>Benzodiazepines (nitrazepam, temazepam, diazepam, oxazepam, lorazepam) Sedative/hypnotics (chloral hydrate, zopicolone)</th>
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</thead>
<tbody>
<tr>
<td>Antidepressants</td>
<td>Increase risk of a fall by causing the individual to feel restless, drowsy, dizzy, sedated, or have blurred vision</td>
<td>Tricyclic antidepressants (amitriptyline, nortriptyline), SSRI (citalopram, fluoxetine, sertraline), SNRI (venlafaxine, mirtazapine)</td>
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</table>
### HIGH FALL RISK Medications

**Central Nervous System acting drugs**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antipsychotics</strong></td>
<td>May cause individuals to experience agitation, cognitive impairment, dizziness, gait or poor balance abnormalities, sedation and visual disturbances (e.g. hallucinations, blurred vision)</td>
<td>Antipsychotics (haloperidol, risperidone, olanzapine, quetiapine, chlorpromazine)</td>
</tr>
<tr>
<td><strong>Opioids</strong></td>
<td>May cause drowsiness and dizziness</td>
<td>e.g. morphine, oxycodone, codeine, fentanyl</td>
</tr>
</tbody>
</table>

Antihypertensives – may affect or alter blood pressure and can lower blood pressure too much, resulting in dizziness.
Multidisciplinary Interventions

Involve a multidisciplinary team: (If possible)

- Physiotherapist – for mobilising assistance
- Occupational Therapist – Activities of Daily Living
- Pharmacist – Medication review
- Diversional Therapist – for those with cognitive impairment, activities during the day
Consult with GP and Pharmacist

Staff are encouraged to talk to the GPs or pharmacist regarding:

• **Medication review** including review and ceasing of night sedation – (limit use of antipsychotics and anxylotics)

• Vitamin D supplementation

• Osteoporosis investigation
What can you do?

• Assess and identify individual fall risk factors and develop a care/management plan
• Involve the resident, family and/or carer in the development of the care plan
• Implement individualised falls prevention plan
• Review plan after a fall or change in condition
Residential Care Falls Screen

Falls risk assessment can identify the underlying risk factors for falling. A validated tool should be used such as the Care Home Falls Screen (CaHFRiS).

![CaHFRiS - CARE HOME FALLS SCREEN](image)

Facility-wide approach

• Documentation in notes – falls risk, falls incident reports, falls prevention care plan

• Staff communication – handover

• Post fall management procedure
Facility-wide approach

• Communication with external providers e.g. pharmacists and GPs

• Provide information to residents & their families/carers on falls risk and prevention strategies
Useful Resources
Information Sheet

Falls Resources for Residential Care

Policy
NSW Ministry of Health: Prevention of Falls and Harm from Falls in Older People 2011-2015. This policy directive describes the actions that the NSW Ministry of Health in collaboration with the Clinical Excellence Commission (CEC) will undertake to support the prevention of falls and fall-related harm among older people in 3 key domains: health promotion, NSW Health Clinical services and NSW Health Residential Aged Care Services. This policy can be accessed at:

Evidence Based Guidelines
Australian Commission on Safety and Quality in Health Care (ACSQHC) 2009, Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Residential Aged Care Facilities. These guidelines can be accessed at:
http://www.safetyandquality.gov.au/or/work/falls-prevention/

Prevention of falls in Residential Aged Care
This is the report of a project sponsored by the New South Wales Health Promotion Demonstration Research Grants Scheme funded by the NSW Department of Health. The report identifies the barriers to implementation of evidence-based falls prevention strategies in residential aged care facilities. Can be accessed at:

Resident/Family/Care Information
Strategies active and on your feet: booklet produced by NSW Health for patients and carers, includes health and wellness checklist, strength & balance exercises to do at home, home safety checklist, and how to get up from a fall. Copies can be ordered on the Active & healthy website:

Falls Risk Assessment Tools
Falls risk assessment can identify the underlying risk factors for falling. A validated tool should be used such as the Care Home Falls Screen (CAREPS). Further information at:

Guidelines for working with people with challenging behaviour in residential aged care facilities - using appropriate interventions and minimising restraint
This document provides care options for older people with severe behavioural and psychological symptoms associated with dementia and/or mental illness and support residential aged care staff in providing quality care for their residents. Available at:

Delirium Care Pathways
Produced by the Health Care for Older Australians Standing Committee 2011, this booklet includes pathways for patients/their carers and practitioners across care settings. This document can be accessed at:

Resources for Residential Care (February 2014)

View resource under Residential Care Resources tab - http://fallsnetwork.neura.edu.au/resources-information-resources/
Preventing Falls and Harm from Falls in older people

Best Practice Guidelines for Australian Residential Aged Care Facilities

Australian Commission on Safety and Quality in Health Care

Implementation Guide – best practice

Implementation Guide for Preventing Falls and Harm From Falls in Older People: for Australian Hospitals and Residential Aged Care facilities.
CEC Falls Prevention one page flyers for residents


Medications

Eyesight

Footcare and safe footwear

Bone Health

Falls Prevention information for those going to Hospital

April 2014

AUGRC LALLS MONTH
Translated Flyers

Medications, Foot care and safe Footwear and Falls Prevention in Hospital have been translated and are available in:

- Arabic
- Simplified Chinese
- Traditional Chinese
- Vietnamese
- Greek
- Italian

Residential Care training package of falls prevention information and physical activity for frail residents in high level care.

Available from: Northern Sydney and Central Coast Local Health District
HEALTHY LIFESTYLE
02 8877 5327
clawrenson@nsccahs.health.nsw.gov.au
Clinical Excellence Commission


April 2014

APRIL FALLS MONTH
NSW Falls Prevention Network

- Network list serve
- Newsletters & updates
- Annual Network forum – NSW 23rd May

http://fallsnetwork.neura.edu.au
Falls Prevention is everyone's business

April 2014

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Thank you

For further information:

falls@cec.health.nsw.gov.au
www.cec.health.nsw.gov.au