FOR ADULTS over age 65, falls are a leading cause of nonfatal injuries, including fractures (hip, wrist, arm, rib, and spine), lacerations, and head injuries. Falls also account for two-thirds of accidental deaths among older adults. Falls have long-term psychological consequences too, including postfall anxiety, social isolation, and loss of independence.

In this article, I’ll discuss what raises the risk, how to screen patients, and what simple but important steps you can take to keep your older patients safe. In a future issue, I’ll focus on how to prevent medication-related falls.

Reviewing risk factors
An older person is at risk for falling because of intrinsic factors (such as her advancing age) and extrinsic factors (such as environmental hazards). Your interventions can modify the impact of many of the following.

• Age. Annually 35% to 40% of people over age 65 fall at least once. For those older than 80, the figure rises to 50%. As a person ages, her risk of being injured in a fall also rises. So consider any older patient to have an increased fall risk.

• Sex. More women fall than men, and women are more likely to sustain a significant injury, such as a fracture.

• Physical status. Age-related changes linked to falls include decreases in muscle strength, balance, endurance, reflexes, sensorimotor system acuity, vision, and hearing. The patient may also have gait disturbances, increased postural sway, and chronic pain. All these changes affect her ability to safely walk and navigate obstacles.

• Chronic disease. Diabetes and other chronic diseases can result in sensory or motor deficits, decreased endurance, and vision impairment. Someone with Parkinson’s disease must deal with gait abnormalities, tremors, and rigid movements. She’ll have trouble using an ambulatory aid appropriately or negotiating obstacles. If she can’t swing her arms when walking, she lacks an important way of maintaining balance.

• Acute illness. Infections and other acute illnesses may cause an altered response to pain, deconditioning, hypoxia, confusion, and postural hypotension, leading to a fall. Or, in an older person, a fall may be the first sign of an acute illness rather than fever and other signs typical in younger adults.

• Environmental obstacles. Something as small as a shoe, cat, or electrical cord can be a major hazard for an older adult. Other environmental hazards to watch for include poor weather conditions, dim light, lack of appropriate assistive devices (such as bathroom grab bars), uneven flooring, throw rugs, improper footwear, and hard-to-reach cabinets, light switches, or electrical outlets.

Fall prevention tips
To effectively assess your older patient’s fall risk and intervene effectively, follow these guidelines.

• Modify intrinsic and extrinsic risk factors, if possible. For example, encourage the patient to wear her glasses and to use assistive devices as needed to help with gait and balance. Eliminate environmental hazards by keeping her room clean and obstacle-free. Put cords under the bed, away from her feet, and ensure good lighting to help her get around safely. Review her medications for drugs or combinations that might increase her fall risk. As ordered, manage pain, treat anemia, and correct electrolyte, fluid, or nutrition imbalances.

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• Be observant. Your patient may be reluctant to talk about declines in her health because she’s afraid of losing her independence. But by being observant, you may detect motor, sensory, or cognitive deficits that you can address to help preserve her independence.
• Obtain a thorough health history. By learning about her history, you can initiate appropriate clinical interventions. These might include maintaining accurate intake and output records, monitoring blood glucose levels, providing adequate nutrition and hydration, administering medications promptly, and monitoring vital signs.
• Use a standardized fall assessment tool. Many facilities have standard assessment tools to help staff assess fall risk. The Joint Commission on Accreditation of Healthcare Organizations mandates that patients be assessed for fall risk and reassessed periodically and that steps be taken to reduce risks. Examples of such tools include the Morse Fall Scale, the Tinetti Balance and Gait Evaluation (best for outpatient risk assessment), and STRATIFY (St. Thomas’s Risk Assessment Tool in Falling Elderly Inpatients). Use one of them consistently to assess and reassess your patient’s fall risk. (See Selected Web sites.)
• Closely monitor vital signs. Changes in vital signs may be a precursor to a fall. An older patient has diminished reflexes for maintaining homeostatic functions such as blood pressure, pulse, and temperature. She may respond quite differently to a subtle drop in blood pressure than would a younger person. For instance, a blunted baroreceptor reflex can cause orthostatic hypotension and syncope.
• Check lab test results. Changes in hemoglobin, hematocrit, blood urea nitrogen, creatinine, white blood cell count, electrolytes, and liver function tests are evidence of systemic disorders that may precipitate a fall. Notify the health care provider immediately of any abnormal lab values so that she can treat underlying problems.
• Avoid using side rails, if possible. If side rails are up, your patient may injure herself when getting out of bed.
• Keep your patient oriented, if possible. Or, if she’s disoriented, protect her with nonrestraining safety measures, such as a low bed, bed alarm, or staff at bedside.
• Go slow. Your patient needs extra time to get out of bed or walk to the bathroom. Give her time to adjust when changing positions or entering a new environment. She needs to walk at her pace. Many falls in hospitals occur because health care workers are in a hurry and try to rush the patient.
• Respond promptly to call lights. An older patient may not be able to wait long for someone to come help her to the bathroom. Frustrated, she may get up by herself and fall. Use scheduled rounding and prompted voiding every 2 to 3 hours when the patient’s awake because most of hospital falls are associated with routine activities, including toileting. It’s also a good idea to keep a commode close by.
• Involve family. Educate the patient’s family about your patient’s fall risk. Consider asking a family member to stay with her if she’s at risk for falling and no other staff is available. Family members can also help reorient her or, if she’s just forgetful, remind her that she needs help to walk.
• Take additional steps. Your patient may benefit from multidisciplinary assessments and interventions, such as muscle strengthening and balance retraining, tai chi, and changes in her medications.
• Provide resources. The patient must receive fall prevention education before discharge. Make sure that written information is legible, with good contrast and a large enough type. For your computer-savvy patients, provide a list of Internet Web sites with fall prevention information. (See Selected Web sites.) Many home health care agencies will provide home visits to evaluate for safety hazards.

After the fall
What if your patient falls despite your best efforts? After attending to her, promptly notify the health care provider so she can treat any injuries and assess the patient for underlying causes. Then an incident report should be filed.

Remember, a fall isn’t an inevitable part of aging. Consider any fall to be a marker of an underlying condition that may be treatable. By intervening, you can help your patient maintain her emotional and physical health and stay active as long as possible.

SELECTED REFERENCES
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