

CONSIDERATIONS:

1. The most effect way to reduce fall rates in older individuals is to tailor individualized interventions to a patient's specific risk factors indicated on the patient's *multi-factored fall risk assessment*.
2. Educating patients in fall prevention measures can reduce fall risk, injuries, death and direct medical costs associated with falls.
3. OASIS questions M2250c and M2400b specifically ask if the POC includes interventions to prevent falls.
4. Fall prevention interventions include patient/caregiver education and referrals to other disciplines and services.

EQUIPMENT:

Patient education resources
Adaptive equipment as indicated

PROCEDURE:

1. Review patient's multifactor fall risk assessment, and address all factors identified.
 - a. Remove safety hazards and modify home environment to assure safety, with help of caregiver/family.
 - b. Review medication list against Beers' Criteria (especially sedative hypnotics, anxiolytics, antidepressants and newer antipsychotics). Discuss risk and alternatives with physician and/or pharmacist.
 - c. Provide education for management of postural hypotension, and strategies to prevent dizziness. Discuss severity with physician
 - d. Refer to physical therapy for balance, strength and gait training
 - e. Refer to occupational therapy for visual deficits. Assure evaluation for cataracts. Recommend removal if cataracts impairing vision
 - f. Refer to occupational therapy for safety issues related to performing ADLs
 - g. Refer to registered dietician for possible Vitamin D deficiency. Discuss with physician about need for supplement to at least 800 IU/day
 - h. Referral to podiatry if foot problems compromise safety
2. Provide educational resources to patient/family/ caregiver about ways to decrease risk of falls, such as those provided by AGS and CDC (websites below).
3. Discuss with the patient some of the most frequent reasons elderly and frail patients fall, including:
 - a. Wear sturdy, non-skid shoes
 - b. Repair any uneven flooring, including removing throw rugs and tacking loose carpeting.
 - c. Clear hallways and stairs of obstacles
 - d. Assure adequate lighting where ever walking
 - e. Use adaptive equipment in bathrooms

AFTER CARE:

1. Coordinate care with physician, discussing need for referrals to:
 - a. Nursing for polypharmacy, pain, incontinence
 - b. PT for balance training, safe ambulation, safe transfers
 - c. OT for safety performing ADLs/IADLs and for coping with vision deficit
 - d. MSW for financial/community assistance, obtaining adaptive devices/home modifications and for investigating alternatives to unsafe environments and situations
 - e. HHA assistance with at-risk ADLs/IADLs
 - f. Registered dietician to evaluate Vitamin D intake and diet modification
 - g. Pharmacist for a medication review and recommendations
 - h. Podiatrist to address foot problems
 - i. Ophthalmologist to address visual deficits
2. Coordinate care with caregiver and family, recommending solutions, including supervision and assistance.
3. Document in the patient's medical record:
 - a. All interventions taken to address safety issues indicated on Fall Risk Assessment tool
 - b. All education and coordination provided to patient, caregiver and family
2. Document adherence to the Fall Prevention Plan patient's compliance to teaching/prevention

REFERENCE:

American Geriatric Society/British Geriatric Society. (2010). Clinical Practice Guideline: Prevention of Falls in Older Persons. Accessed on September 2, 2012 at http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2010/.

Home Health Quality Initiative (2010). Fall Prevention: Best Practice Intervention Package. <http://www.homehealthquality.org/hh/campaign/fallbpip/default.aspx>

RESOURCES FOR PATIENTS:

American Geriatric Society (2012). Patient Education Resources on Falls Prevention. Accessed on September 2, 2012 at <http://www.healthinaging.org/aging-and-health-a-to-z/topic/falls/info:care-and-treatment/>

CDC (n.d.). Check for Safety: A Home Fall Prevention Checklist for Older Adults. Available at <http://www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html#check> in multiple languages and in large print.

National Library of Medicine (2012) . Preventing Falls.
Retrieved on July 4, 2012 from
<http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000052.htm>

RESOURCES FOR CLINICIANS

American Geriatric Society (2012). Updated Beers
Criteria for Potentially Inappropriate Medication
Use in Older Adults. Accessed September 2,
2012 at.
http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf

Adopted from VNAA; Approved Policy Committee
09/24/13