

Case Study – Mrs Sally Slips

Mrs Sally Slips* presented to her local hospital after a fall. She had substantial bruising and a hip, and an x-ray revealed no fracture. Mrs Slips was admitted to hospital due to severe pain limiting her walking. In hospital, Mrs Slips was screened as a High Falls Risk – she had 3 falls in past 12 months, impaired vision, some urinary frequency and difficulty with transfers and mobility. A more detailed multidisciplinary assessment of falls risk was completed. A physiotherapist assessed Mrs Slips and gave her a balance and strength exercise program to do at home. After 2 days with effective pain management she was discharged home with referrals and management plan in place.

Mrs Slips has been referred to you as a community health professional – in your practice what could you do to facilitate the ongoing falls prevention care plan for Mrs Slips?

What are the limitations that would prevent you from being able to provide the falls prevention interventions that Mrs Slips now requires?

Who are the other key community providers that you could liaise with to support Mrs Slips falls prevention care plan?

* Adapted from ACSQHC Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Hospitals 2009, p37.

Mrs Slips Falls Prevention Interventions - Some Options

Referral to:

- Community Physiotherapist/Exercise Physiologist for ongoing management of her hip pain and balance problems – if services not available consider referring for Physical Activity programs that include balance and strength components, eg Tai Chi, gentle exercise, Stepping On – talk to your local health promotion team about options. www.activeandhealthy.nsw.gov.au – and *Staying Active and on Your Feet* booklet.
- Ophthalmologist /Optometrist – for vision test. If unavailable discuss with her GP.
- Occupational Therapist – for home environment safety assessment: or community nurse to undertake home visit assessment. Explore options to include QuickScreen falls assessment as part of professional role.
- Continence management plan – community nurse (or specialist nurse if available).
- Engage family/carers in the plan of care

If you would like to discuss any aspects relating to the implementation of falls prevention interventions please contact:

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