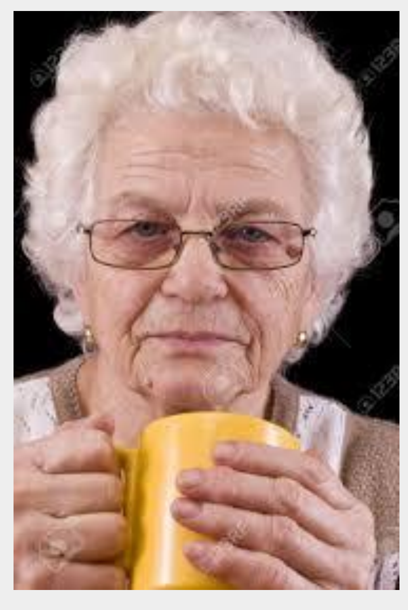
Minimising the falls risk in the cognitively impaired

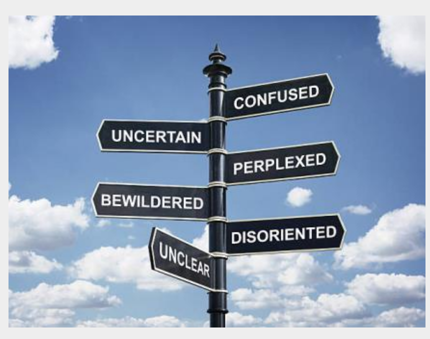
Danielle Kennedy

Aged Care Nurse Practitioner

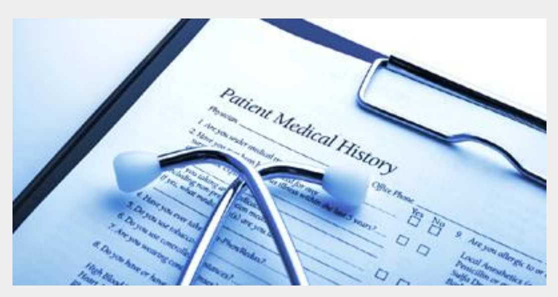
What can we do to prevent falls in people like Edna Gregory?



Considering the risk factors



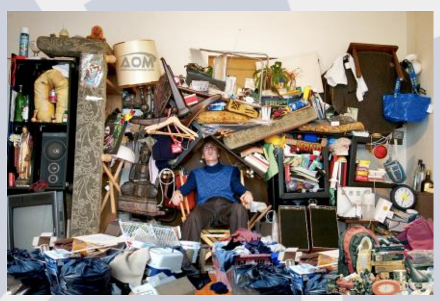
Confused, agitated or disoriented older people



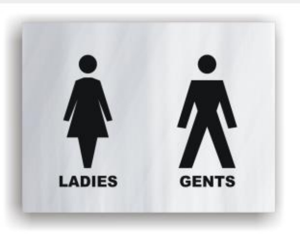
Medical history

History of falls

Sensory deficits



Environmental



Frequency/ incontinence

Function / restraints

Poor Nutrition

Medications

Risk Assessments and Guidelines

- Ontario Modified Stratify (OMS) form
- Falls Risk Assessment and Management Plan (FRAMP)
- DRAT – Delirium Risk Assessment Tool
- AMTS - Abbreviated Mental Health Test
- CAM – Confusion Assessment Method
- CEC post fall guide
- Policies / procedures / flow charts
- Education

NSW Health

Facility:

ONTARIO MODIFIED STRATIFY (SYDNEY SCORING) FALLS RISK SCREEN

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____/____/____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Care actions for all patients

These care actions are relevant for all patients and are a component of ongoing clinical care at all times.

- Orientate patient to bed area, toilet and ward
- Educate patient and family, providing culturally appropriate information about the risk of falling and safety issues
- Instruct patient on the use of the call bell, ensure it is within reach and advise to call for assistance if required
- Ensure frequently used items (including mobility aids) are within easy reach, on appropriate side of the bed, in good working order and are adjusted for the patient
- Bed and chair are at appropriate height for the patient – instruct patient on use of bed control (if appropriate)
- Ensure bed brakes are on at all times and chair brakes are on when not mobilising
- Position over-bed table on the non exit side of the bed
- Place IV pole and all other devices/attachments (as appropriate) on the exit side of bed
- Ensure attachments (such as catheters, wound drainage, IVs) are secured
- Remove clutter and obstacles from room
- Ensure patient is using appropriate personal aids such as eyeglasses (that are clean) and/or working hearing aid
- Ensure patient wears appropriate footwear when ambulant
- Establish patient's level of personal care need
- Ensure adequate night lighting

Provide patient/family/carers with falls prevention information.

Clinical Excellence Commission Falls Prevention flyers available at www.cec.health.nsw.gov.au/programs/falls-prevention

For further information scan this with your smart phone →

Contributing factors: Delirium

P ain

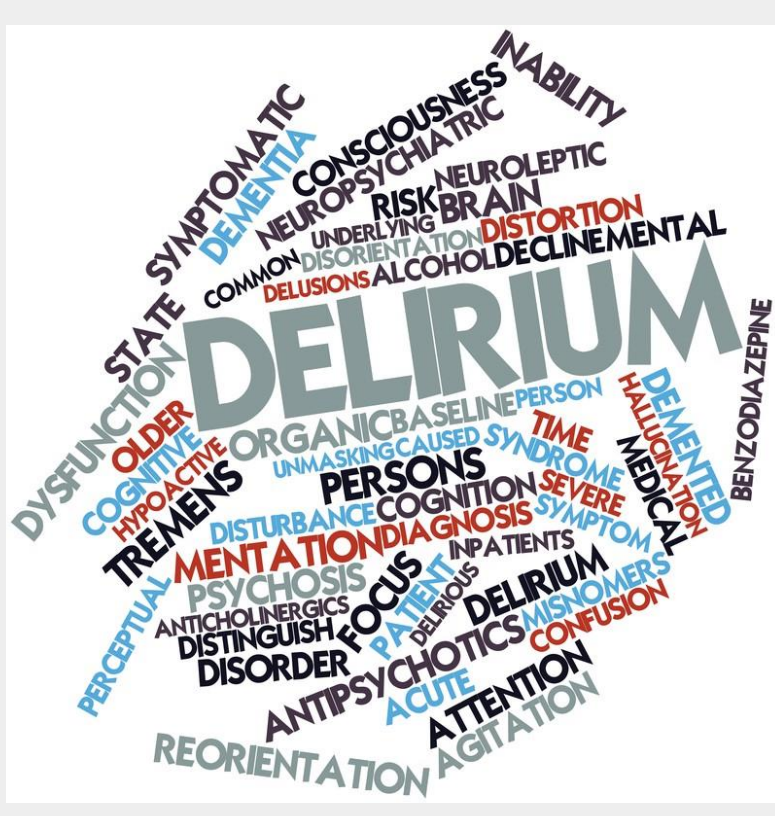
IN fection

C onstipation

H ydration

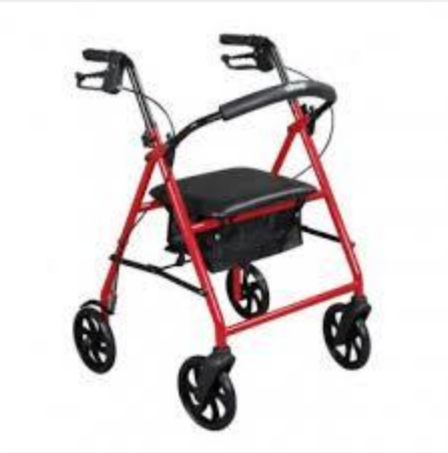
M edications

E nvironmental



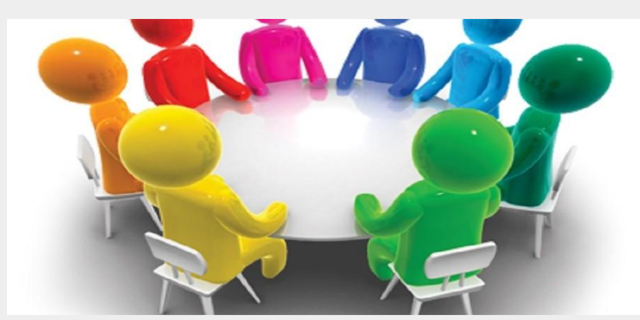
Falls prevention strategies: an individualised approach

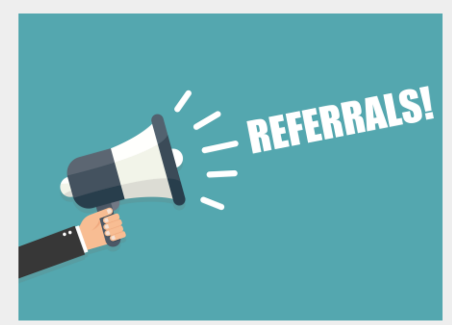
- Environmental considerations
- Intrinsic factors
- Personal requirements
- Current Medications
- Use of restraints
- Regular rounding
- Clear care pathway



Communication and Documentation

- Comprehensive documentation
- Handover
- Ongoing communication with the team and significant others
- Review strategies/interventions regularly
- Referrals





Prevention is key – look at all the elements

- Assessments
- Strategies / Interventions
- Reduce potential contributing factors
- Communication & Documentation

Remember…………it is not easy!