Case Study – Discussion Points

(To be given to staff for information afterwards)

Falls Risk Factors

- **Age** – 72 – as you get older falls risk increases. 1 in 3 older people over the age of 65 fall each year and this increases to 1 in 2 in the over 80s age group.
- **Unsteadiness on feet** – more easy to fall over due to unsteadiness
- **4 falls** - once you have had one fall the falls risk increases further. After 1 fall 40% of people limit their activity and this has a knock on effect. 60% of people living in care homes will fall repeatedly (British Heart Foundation).
- **Urinary incontinence** – the fact that you have to go to the toilet more frequently put you at greater risk of falling.
- **Frequent Urinary Tract Infections** – symptoms associated with urinary tract infections such as frequency, confusion and reduced mobility can put you at greater risk of falling.
- **Poor vision** – being unable to see in both familiar and unfamiliar surroundings means there is greater safety risk. Bi focal lenses can cause problems if they are not positioned properly.
- **High Blood Pressure** – Due to treatment and impaired responsiveness to changes in blood pressure with long term hypertension this could lead to increased falls risk.
- **Type II diabetes** – changes in blood sugar levels can cause falls and diabetes can also cause neuropathy.
- **Parkinsons Disease –** symptoms of Parkinsons Disease can lead to increased falls risk e.g. gait and balance issues such as freezing or festinating, truck and joint rigidity, perceptual problems. Poor medication management of the condition can also result in falls. Medications for Parkinsons Disease can cause postural hypotension.
- **Arthritis –** symptoms of arthritis such as joint pain, stiffness or instability at joints can lead to increased risk of falls. Pain control medication may be insufficient but this then causes further problems as some pain medication can cause falls.
- **Previous fracture** – once you have sustained one fracture over the age of 50 then you are likely to sustain further fractures particularly if you are diagnosed with osteoporosis. Scottish Hip Fracture Audit (2008) found that by 120 days post-hip fracture 21% of patients had sustained a fall. 58% had 1 falls, 35% had 2 - 4 falls and 7% had 5 or more falls.
- **Depression** – low mood, low motivation and poor judgement associated with depression put you at increased risk of falls
- **Medication** – 4 or more medications is a risk factor for falls. The types of medication can also put someone at risk of falls. Half Sinemet CR can cause a postural hypotension and dizziness, Paracetamol used as pain control medication for arthritis but this may not be the correct medication to give appropriate pain relief, Atenolol can cause a postural drop in blood pressure if taken over a long time, leading to increased risk of falls, Frusemide has a diuretic effect meaning initially more frequency of urine causing increased risk of falling. It can also cause a postural drop. Nitrazepam has a sedatory effect causing increased risk of falls. Anti depressant can also cause increased risk of falls as they can cause orthostatic hypotension.
- **Recent bereavement** – any stressful event is a falls risk factor
- **Recent move to care home** – unfamiliar surroundings can lead to falls
- **Mental health issues** – impaired judgement and memory issues can lead to an increased risk of falls
- **Environment** – behavioural changes particularly at bathing time may be a sign of illness e.g. a hot bath may cause Mrs H to have symptoms of a drop in her blood pressure and if she is confused she may not know why this is happening to her causing her anxiety and distress.

There are over 400 risk factors for falls. You can see from the example of Mrs H that sometimes people have multiple risk factors for falls that all run in tandem and can cause contraindications for the person.

What things may you consider to reduce the risk of Mrs H falling?

Multifactorial Risk Assessment

- Complete Multi Factorial Risk Assessment. It is worthwhile bearing in mind that this is a screening process and level of risk can change over time e.g. if Mrs H has urinary tract infection (UTI) then she might be at higher risk of falls due to being in an acute phase of illness and this should be monitored regularly.
- Action any issues identified.
- Implement individual care plan for resident.
- Continually re-evaluate the care plan.
- Analyse any falls that happen both individually and as part of the wider Care Home (e.g. are all falls happening a same time of day or in same area or during certain routines).

Medical Assessment

- **Medical Review** – to eliminate any medical reason for the recurrence of falls – In Community it may be GP or Specialist Falls Clinic or Parkinsons Clinic. Medics have a professional responsibility to investigate the cause of falls under BGS Guidelines and also other guidelines such as NICE and Dept of Health Guidelines for A&E.
- **Blood Pressure (BP) Check** – including lying and standing BP to check for postural drop in blood pressure. If required this can be completed in community by District Nurse.
- **MSSU (mid stream sample urine)–** urinalysis to ensure that Mrs H does not have an unresolved urinary tract infection (UTI). In community a sample can be handed in to GP surgery or if required it can be taken by District Nurse.
- **Blood glucose check –** To ensure that Mrs H diabetes is well controlled.
- **Osteoporosis Risk Assessment –** to prevent further fractures.
- **Pharmacy Medication Review–** to review medications.
- **Cognitive Assessment –** to review memory issues for medical cause such as delirium or dementia.

Onward Referrals to Other Agencies

- **Physiotherapy Referral –** due to unsteadiness on feet. The physiotherapist can prescribe a walking aid and specific balance exercises to improve mobility and balance.
- **Occupational Therapy Referral –** to practice ADL task and help deal with they symptoms of postural hypotension. The OT can assess environment and offer advice on the use and obtainment of assistive devices e.g handireach to assist Mrs H dressing lower garments to prevent Mrs H bending too far and becoming dizzy.
- **Mental Health Team Referral –** due to cognitive impairment, bereavement and depression for assessment, counselling and support. They can also review medication prescribed for mental health issues.
- **Parkinson Support Nurse –** to monitor progression of disease and for symptom control and management advice.
- **Dietician –** for advice on diabetes and to reiterate importance of diet and nutrition.

Environmental Hazards

Home Hazard Assessment:

- **Lighting** – encourage Mrs H to put on a light when getting up to toilet during the night.
- **Commode** – for night time toileting.

Consider

- Can she access toilet or commode quickly?
- Is the nurse call system to hand or other essential items e.g. glasses, drink of water, walking aid?
- Is her bed, toilet and chair height adequate for transfers?
- Mrs H technique for transfers e.g. not parking frame before sitting down, using both hands to rise or sit down, making sure feet are in correct position, not over reaching/stretching.
- Is her clothing and footwear suitable?

- Has someone explained the falls risks to her?
- Are there key areas of the Care Home where she is more at risk of falls?
- Is a supervision plan required?
- Toileting regime

Any equipment being used should be checked for faults that could compromise safety and contribute to falls.

Coping Strategies should Mrs H sustain a further Fall

- **Assistive Technology** – consider a pendant or wrist strap that Mrs H can wear to link to call system so she can manage to summon help. Assistive technology may include bed monitors, passive infra red, falls monitor as appropriate e.g. Mrs H a suggestion may be to have a passive infra red beam at her bedside that when she breaks a beam to go to the toilet a timer starts and if she does not return to bed in a certain amount of time then an alarm will be triggered.
- **Rehearsal to summon help –** practice the scenario of what to do if Mrs H has a fall and how to summon help.
- **Education –** Education for residents and carers/family on falls prevention has been demonstrated to be an effective strategy to reduce falls risk.

This list is not exhaustive and there may be other agencies locally that you can tap into to help reduce Mrs H falls risk e.g. Podiatry.

Supporting self management

- **Physical Activity** – consider Mrs H physical activity needs for general health benefits. Strength and balance activities have been demonstrated to be effective at reducing falls. Mrs H has back pain and arthritis and physical activity is important to help with these conditions.
- **Make every moment count** – consider Mrs H activities and interests that contribute to her overall well being and quality of life. Engaging in meaningful activity has been demonstrated to reduce the risk of falls.

Falls Diary

- **Frequency of falls** – Mrs H has had 4 falls in a short period of time – Is there a pattern? 3 in Bedroom – what was she doing at time? Is it when she is rising from sitting to stand? Could it be her blood pressure? Is she loosing her balance? Is she rushing as she has a urinary frequency? Is it because her Parkisons Disease needs reviewed? Do you need to try and observe and monitor more at night to find out?
- **Time of day –** 3 happened in bedroom between 1.45am and 7.30am – Is there a pattern? How is her medication impacting on her falls risk at night? Is she stiff from lying due to her Arthritis and Parkinsons Disease? Is she using her walking aid?
- **Context –** 2 up to toilet – Is it that she has a urinary tract infection? This can cause her to be up to toilet, unsteadiness, intermittent confusion. 'Just went down' indicates that further medical review may be necessary as often there is an underlying cause that requires investigation.
- **Follow up –** Has she had a urine sample taken? Has she has a lying and standing blood pressure check? Should complete falls multifactorial risk review/new form at this stage and may record this in Actions Taken.

Useful Resources

If you would like to know more then the following resources may be of interest:

Managing Falls and Fractures in Care Homes for Older People Resource

http://www.careinspectorate.com/index.php?option=com_docman&task=doc_download&gid=476&Itemid=378

Care about physical activity

http://www.careinspectorate.com/index.php?option=com_docman&task=doc_download&gid=1070&Itemid=100175

National Falls Programme

http://www.knowledge.scot.nhs.uk/fallsandbonehealth.aspx

Up and About in Care Homes

http://www.knowledge.scot.nhs.uk/fallsandbonehealth/the-national-falls-programme/up-and-about-in-care-homes.aspx

Profound – Falls Network Europe

http://profound.eu.com

Kings Fund (2012) Enhancing the healing environment dementia care programme. Assessment tools for: Is your care home dementia friendly?

http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia

Dementia Services Development Centre (2012) ***The virtual care home***
http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home

Personal Footcare Guidance

http://www.scotland.gov.uk/Resource/0043/00433259.pdf

http://www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx

Dementia MKN Community of Practice
http://www.knowledge.scot.nhs.uk/dementia/communities-of-practice/national-ahps-best-practice-in-dementia-network/ahp-dementia-expert-group.aspx

Make Every Moment Count
http://www.careinspectorate.com/index.php?option=com_content&view=article&id=8195&Itemid=766

College of Occupational Therapists. Living well through activity in care homes toolkit:
http://www.cot.co.uk/living-well-care-homes

University of Stirling (2014) Good practice in the Design of Homes and living Spaces for People with Dementia and Sight Loss
http**://dementia**.stir.ac.uk/**design**/good-practice-guidelines

National Osteoporosis Society
http://www.nos.org.uk

Dementia Services Development Centre (2012) The virtual care home
http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home