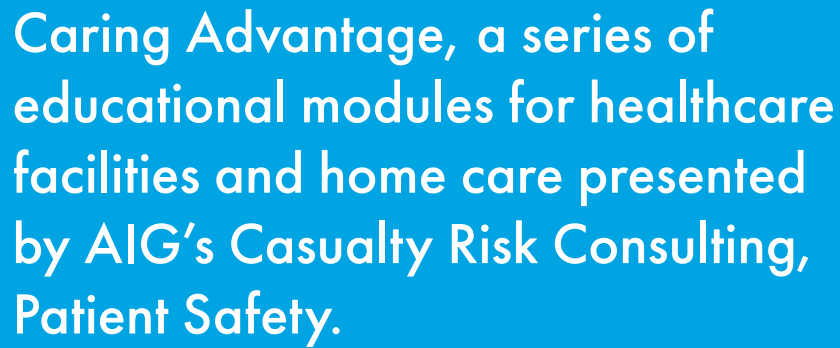


Fall Prevention in Home Care





Caring Advantage, a series of educational modules for healthcare facilities and home care presented by AIG's Casualty Risk Consulting, Patient Safety.

The information included herein is intended for the use of licensed surplus lines brokers or current policyholders. Interested brokers or current policyholders may contact us at patientsafety@aig.com.

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Fall Prevention In Home Health

There are several measures that home care professionals can take to reduce a home care client's risk of falling. Here are some things that you can do:

- Conduct a Fall Risk Assessment to identify factors which could contribute to incidents of falls in the home.
- Observe the environment for potentially unsafe conditions and provide suggestions for assuring a safe home environment.
- Review the patient's history of falling.
- Review all medications taken by the patient, including over-the-counter medication and home remedies. When applicable, discuss with the physician.
- Monitor the patient's cardiovascular status, heart rate, rhythm, and blood pressure for cardiac arrhythmias and orthostatic hypotension.
- Encourage adequate hydration and nutrition.
- Obtain orders for a physical therapist to:
 - Evaluate the patient's gait and balance
 - Evaluate the strength and function of a patient's lower extremities
 - Review the patient's use of, or need for, an ambulatory aide or other assistive devices
 - Provide gait training and strength training as needed
 - Establish a home exercise program with balance training
- Identify home environmental hazards that could contribute to falls and make recommendations for modifications.
- Instruct the patient to wear nonskid footwear or properly fitting shoes.
- Ensure that the pathway to the restroom is free of obstacles and properly lighted.
- Ensure the hallways are clear of obstacles.
- Place assistive devices, such as walkers and canes, within a patient's reach.
- Include the patient, family members, and any home care aides in the development of an individualized home safety plan.
- Consider the patient's cognition and other fall risk factors when planning care.
- Educate the patient and/or family members regarding a plan of care to prevent a fall in the home.
- Collaborate with the patient's family to provide assistance, as needed, while maintaining the patient's independent functioning.
- Recommend a sitter or companion to the patient or family to provide one-to-one observation with the patient and to maintain a safe environment.
- Communicate the patient's "fall risk" status and risk factors during communication with other home care staff who may be involved with the patient's care.





Causes of Falls in the Home

Falls among home care clients can be caused by any of a number of factors, including intrinsic risk factors (pertaining to the client's own body and the effects of aging) and extrinsic risk factors (pertaining to the client's home environment).

Intrinsic Risk Factors

Personal Risk Factors

- Advanced age of 65+
- History of previous fall(s)

Acute Medical Conditions

- Low blood pressure/orthostatic hypotension
- Stroke
- Seizure

Chronic Medical Conditions

- Parkinson's disease
- Arthritis
- Meniere's disease
- Poorly controlled diabetes or epilepsy
- Brain disorders

Chronic Medical Conditions

- Cataracts
- Glaucoma
- Heart rhythm abnormalities
- Alzheimer's disease and other dementias
- Osteoporosis

Physical Conditions

- Balance and gait (unsteady manner and style of walking)
- Musculoskeletal system
 - Muscle atrophy due to limited physical activity
 - Joint stiffness due to calcification of tendons and ligaments
 - Increased curvature of the spine associated with inability to maintain balance and proper posture
- Mental status
 - Impaired memory
 - Confusion
 - Disorientation
- Vision
 - Decline in visual acuity
 - Decreased night vision
 - Altered depth perception
 - Decline in peripheral vision
 - Glare intolerance
 - Dizziness



Extrinsic Risk Factors/Home Environment

Condition of Ground Surfaces

- Uneven walkways
- Floor coverings with loose or thick-pile carpeting, loose mats or sliding rugs, upended linoleum or tile flooring, highly polished or wet ground surfaces
- Clutter, personal items or pets in pathways

Bathtubs and Toilets

(i.e., equipment without support, such as grab bars)

Design of Furnishings

(i.e., height of chairs or beds and lack of handrails on stairs)

Illumination Conditions

(i.e., low intensity or high glare)

Extrinsic Risk Factors/Medications

Polypharmacy (takes 4 or more medications)

- Drug-drug interactions and side effects
- Cardiac medications
- Hypoglycemic agents

Affects the Central Nervous System

- Sedatives/hypnotics
- Antihypertensives/diuretics
- Analgesics
- Antidepressants
- Alcohol

Can Cause Urgency in Elimination

(i.e., laxatives and diuretics)

Can Cause Postural Hypotension

(i.e., antihypertensives and diuretics)

Treatment Supplies

(i.e., tubing for IV medication or oxygen therapy)

Extrinsic Risk Factors/Other

Type and Condition of Footwear

- Improperly-fitting shoes from edema or other foot problems
- Heavy orthopedic shoes
- Incompatible soles
 - Rubber crepe soles which may stick to linoleum floor surfaces
 - Slippery soles
 - High heels

Assistive Devices

- Improper use of device (i.e., bedside rails left up resulting in fall risk from patient climbing over)
- Inadequate assistive devices and lifting devices
- Canes (i.e., wrong height, worn tips, improper use)
- Walkers (i.e., wrong height, broken, wrong type, does not fit home environment)
- Wheelchairs (i.e., brakes not properly working, which can impair transferring techniques and activities)

Fall Risk Assessment

A home healthcare professional should assess and document the patient's fall risk during the initial home visit. The patient's fall risk should be reassessed at the time of recertification if:

1. Scores indicate moderate or high fall risk upon initial assessment
2. There is a change in the patient's status following a fall

Patient Name _____ Date _____

Instructions Part 1: Criteria-Based Assessment

For each of the four criteria sections, please check all appropriate items in the left column. In the right column, circle a section score of "0" if no boxes are checked in the left column for a section. Circle a section score of "25" if one or more boxes are checked in the left column for a section.

Section 1: Patient Demographic and History

CRITERIA	SECTION SCORE	
<input type="checkbox"/> Patient is 65 years of age or older <input type="checkbox"/> History of previous falls in past 3 months	If no boxes are checked, circle the "0" If one or more boxes are checked, circle the "25"	
	0	25

Section 2: Diagnosis or Conditions

CRITERIA	SECTION SCORE	
<input type="checkbox"/> Expresses fear of falling <input type="checkbox"/> Cardiac arrhythmias <input type="checkbox"/> Transient ischemic attacks/CVA <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Muscle weakness or deformities <input type="checkbox"/> Problems with mobility/gait <input type="checkbox"/> Decreased peripheral sensation/neuropathy <input type="checkbox"/> History of fractures/osteoporosis <input type="checkbox"/> Orthostatic or postural hypotension <input type="checkbox"/> Incontinence of bowel or bladder <input type="checkbox"/> Vision or hearing impairments <input type="checkbox"/> Dizziness <input type="checkbox"/> Dehydration	If no boxes are checked, circle the "0" If one or more boxes are checked, circle the "25"	
	0	25

Section 3: Medication

CRITERIA	SECTION SCORE	
<input type="checkbox"/> Patient manages self-administration of 4 or more medications daily If box above is checked, circle appropriate medications below: <i>Antianxiety agents</i> <i>Narcotic analgesics</i> <i>Antidepressants</i> <i>Hypnotics/tranquilizers</i> <i>Antihypertensives</i> <i>Hypoglycemic agents</i> <i>Cardiac medications</i> <i>Laxatives/cathartics Diuretics</i> Other (describe) _____	0	25

Section 4: Environmental

CRITERIA	SECTION SCORE	
<input type="checkbox"/> Use of restraints <input type="checkbox"/> Throw rugs/cluttered environment <input type="checkbox"/> Bed bound <input type="checkbox"/> Requires assistance of person or device to ambulate <input type="checkbox"/> Use of furniture as ambulatory aide <input type="checkbox"/> IV or oxygen tubing	0	25
Total Score = (Sections 1 - 4)		

Scoring Key:

TOTAL SCORE	RISK LEVEL FOR FALLS
0	Low Risk
25-50	Medium Risk
75 & higher	High Risk

Fall Risk Assessment *continued*

Patient Name _____ Date _____ Time _____

Part 2: Timed "Up and Go" (TUG) Test¹

Purpose: To assess mobility

Equipment: A stopwatch

Direction: Patient wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away on the floor.

INSTRUCTIONS TO PATIENT:

When I say "Go", I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace

On the word "Go" begin timing.

Stop timing when the patient sat back down and record time below:

Time _____ seconds

An older adult who takes ≥ 12 seconds to complete the TUG is at high risk for falling.

Observe the patient's postural stability, gait, stride length, and sway.

Check all that apply:

- Slow tentative pace
- Lost of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly.

Notes: _____

If Part 1 and/or Part 2 indicate that the patient may be at risk for falling, measures such as those suggested on Page 5 (Fall Prevention in Home Healthcare) should be considered and discussed with patient and family and implemented as appropriate. For resources in addition to the Timed "Up and Go" test, visit www.cdc.gov.

[1] Center for Disease Control and Prevention (CDC). Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Tool Kit for Healthcare Access via the Internet. 03/25/15



Bring on tomorrow

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