



A Client Safety Module:

UNDERSTANDING FALL RISK FACTORS



Developing Top-Notch CNAs, One Inservice at a Time



A Client Safety Module:
**UNDERSTANDING FALL
RISK FACTORS**

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Discuss how the normal aging process affects a person's risk of falling.

❖

List at least three medical fall risk factors.

❖

Check an environment for potential safety hazards that could lead to a fall.

❖

Describe at least five ways you can help your clients prevent falls.

❖

Discuss the proper procedure for reporting a fall.

THANK YOU!



Developing Top-Notch CNAs, One Inservice at a Time

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A Client Safety Module:

Understanding Fall Risk Factors

EVERYONE LOVED “BIG JIM”

The staff at the Sunset Hills Rest Home **loved** Mr. Sanders. He told everyone to call him “Big Jim.” That had been his nickname since high school!

“Big Jim” was kind and funny. Unfortunately, he had many health problems—and he often felt bad that the nursing assistants had to work so hard to care for him.

“Big Jim” suffered from *diabetes, high blood pressure, and kidney failure*. He used a *walker* to get around his room, but needed a *wheelchair* to go any farther. He was *weak* and *unsteady* on his feet and often got *dizzy* when moving from sitting to standing.

Of course, the nursing assistants didn't mind caring for “Big Jim” at all! And, since he was so much **fun** to talk to—no one ever complained about how hard it was to help a man as **big** as “Big Jim.”

One day, “Big Jim” was sitting in his recliner chair eating lunch and watching the noon news. He felt a little tired when he finished and wanted to get back to bed.

He knew he had to call a nursing assistant for help. They had told him many times, “Don't try to get back to bed yourself. Call us, and we will

gladly come help you!” And, they always did!

But, on this day “Big Jim” called, and no one came. After waiting for five minutes, he decided to try to get back to bed himself. He had his walker and it wasn't very far.

When “Big Jim” stood up, the room began to spin, his knees and elbows felt wobbly—and then everything went dark and he hit the floor.

Everyone heard the crash and came running. “Big Jim” was rushed off the ER. But, on the way to the hospital, “Big Jim” died. He had hit his head on the foot of the bed when he fell.

- **One out of three adults age 65 and older falls each year and falls are the leading cause of death in this age group.**

The hardest part of your job may be maintaining your clients' safety. Knowing all you can about *why* people fall is the first step. **Keep reading to learn why “Big Jim” fell and how you can prevent a tragedy like his.**



THE FALL RISK ASSESSMENT

Federal Law **requires** all healthcare providers to assess each client’s risk for falls within the first 14 days of admission and to re-assess periodically throughout the duration of care as the client's condition changes.

- It’s a good idea to know **who** is responsible for doing your clients’ Fall Assessments. And, you should take time to find out your client’s fall risk level so you can take the proper precautions. Be sure to report any changes in status to the nurse so the fall risk can be adjusted.

Here is an **example** of a common Fall Risk Assessment tool that may look like the one used for your clients:

DIRECTIONS: Circle the appropriate score for each section and total the score at the bottom.

Parameter	Score	Patient Status/Condition	Parameter	Score	Patient Status/Condition
Mental Status	0	Alert and oriented X3	Orthostatic Changes	0	No noted drop in blood pressure between lying and standing. No change to cardiac rhythm.
	2	Disoriented X 3 at all times		2	Drop <20mmHg in BP between lying and standing. Increase of cardiac rhythm <20.
	4	Intermittent confusion		4	Drop >20mmHg in BP between lying and standing. Increase of cardiac rhythm >20.
History of Falls (past 3 mo.)	0	No falls		Medicines	0
	2	1-2 falls	2		Takes 1-2 of the above medications currently or w/in past 7 days.
	4	3 or more falls	4		Takes 3-4 of these medications currently or w/in past 7 days.
Ambulation and Elimination Status	0	Ambulatory & continent	1		Mark additional point if patient has had a change in these medications in past 5 days.
	2	Chair bound & requires assist w/ toileting	Other Diseases	0	Does not have: hypertension, vertigo, CVA, Parkinson's Disease, loss of limb(s), seizures, arthritis, osteoporosis, fractures.
	4	Ambulatory & incontinent		2	1-2 of the above diseases present.
Vision Status	0	Adequate (w/ or w/o glasses)		4	3 + of the above diseases present.
	2	Poor (w/ or w/o glasses)		TOTAL SCORE	
	4	Legally blind			
Gait and Balance	-----	Have patient stand on both feet w/o any type of assist then walk: forward, thru a doorway, then make a turn.			
	0	Normal/safe gait and balance.			
	1	Balance problem while standing.			
	1	Balance problem while walking.			
	1	Decreased muscular coordination.			
	1	Change in gait pattern when walking through doorway.			
	1	Jerking or unstable when making turns.			
	1	Requires assistance (person, furniture/walls or device).			

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn’t know before. Share this new information with your supervisor and co-workers!



FOCUS: AGE RELATED RISK FACTORS

As the body changes with age, such things as poor vision, loss of muscle strength, and joint stiffness make elderly people more likely to fall. Here are some additional details about age-related fall risk factors:

- **Muscle strength decreases gradually with age.** Joint tendons and ligaments lose their flexibility and limit motion. For example, lack of muscle and reduced range of motion can cause *low foot swing*, which might make your clients trip over their own feet. Regular exercise is the key to help your clients remain as independent as possible.
- **Reflexes begin to slow** as a person ages, making it hard for them to react quickly . . . and "catch" their balance.
- **Vision diminishes with advancing age, and this directly effects the sensory systems involved with movement.** Depth perception is an important part of vision, as it allows a client to tell how far away certain objects are. As a clients vision worsens, so does their depth perception, making it hard to judge distance and easily causing a fall.
- **Some people begin to lose their hearing as they get older.** If your client doesn't hear well, he may not be aware of obstacles (or other people) in his path. In addition, the ears contain sensory cells that affect the ability to balance. With age, these cells gradually decrease—and cannot be replaced. This means that older people may have a problem keeping their balance.
- **Forgetfulness can be a common problem among the elderly.** Forgetting where things are located or how to do certain tasks may create a lot of extra stress for your clients. They could become upset or rushed, increasing their chances of falling.
- **As people age, changes in sleep patterns are very common.** Many seniors have trouble falling asleep and often wake up after only a few hours. Falls can occur during a restless night, especially in a dark room. And, daytime fatigue may be so overwhelming that they have trouble participating in normal activities. If your clients fail to get a good night's sleep, they may be prone to falling during the daytime, too.



CAN A Wii GAMING SYSTEM PREVENT FALLS?

Small studies are being conducted around the world to figure out how video games can benefit aging adults!

Exercise type games like the Wii are showing clear benefits! The games require participants to become both physically *and* mentally active!



A study in London is linking Wii Fit games to increased strength and coordination which can definitely decrease a client's risk of falling!

If you've never played Wii tennis, bowling or golf, or have never done Wii Fit exercises, find a friend with a Wii system now! Once you play you will see how these games can be beneficial to your elderly clients.

If you work in a facility, you may already have access to a system. In the home, ask family members to include your client in the games!

FOCUS: MEDICAL RELATED RISK FACTORS

Many diseases and disorders, such as Parkinson's disease and arthritis, put patients at risk for falls. Clients who take several different medications are also at risk. Side effects of some medications may include dizziness, confusion, and/or drowsiness which could all contribute to a fall.

- **Arthritis** can cause permanent crippling, nonreversible effects that put a person at high risk for a fall. In addition, some injuries to the knees, hips, and back do not heal completely, causing limited range of motion.
- **Osteoporosis** is a condition that causes bones to become weak and "brittle." Elderly women are at risk for osteoporosis, meaning that even a slight fall can lead to a severely broken bone. Recent studies have shown that taking Vitamin D daily may help with this problem.
- **Sore feet**, from foot disorders such as nail problems, corns, blisters or heel pain can also cause falls.
- Some of your clients may experience a drop in blood pressure upon standing. This problem is known as **orthostatic hypotension** and can be caused by a number of conditions, including diabetes, Parkinson's Disease, heart failure, dehydration, infection, and a number of medications (such as diuretics and blood pressure medicines). The sudden drop in BP can cause dizziness, leading to a fall.
- **The side effects of some medicines** can upset balance and cause a fall. Medicines for depression, sleep problems and high blood pressure often cause falls. Some medicines for diabetes and heart conditions can also affect a person's balance.
- **People who take four or more medications** are at high risk for falling, especially if any of their medications have changed in the past two weeks.
- **Incontinence** or trouble controlling the bladder or bowels can increase the chances of a fall. Your client could easily trip or stumble on something as he hurries to the bathroom.
- **Being mentally or cognitively impaired** puts a person at high risk for a fall. This includes people diagnosed with mental retardation, autism or dementia.



THE NEXT STEP!

Apply what you know!

Do you know what to report if a client falls? Here is an easy way to remember what to include:

Symptoms: Report any symptoms you noticed prior to the fall, including dizziness, shortness of breath, confusion, loss of balance, slipping or pain.

Previous Falls: Has this client fallen down in the last three to six months? Does there seem to be a pattern to how and when the client falls? Share what you know about the client's history of falls.

Location: Report where the fall happened and if there were any environmental factors involved—such as a wet floor, cluttered pathway or untied shoelaces.

Activity: Report any physical changes you may have noticed in the days or hours before the fall. This includes any problems with ambulation, toileting and transfers.

Time: Take note of the time of day or night when the fall occurred. If the fall happened at night, report which, if any, lights were on.

Trauma: Report any injuries that you noticed, as well as any complaints of pain made by the client after the fall.

FOCUS: ENVIRONMENTAL RISK FACTORS

Falls can have simple everyday causes such as tripping over something on the floor, stumbling on a loose rug or falling at night on the way to the bathroom. Look for these potential safety hazards in your client's environment:

- Wet walking surfaces.
- Loose area rugs or mats.
- Highly polished floors.
- Frayed or torn carpeting.
- Clutter on the floor.
- Uneven stairs.
- Stairs without handrails.
- Electrical cords on the floor.
- Poorly fitting shoes or slippers.
- Poor lighting.
- Slippery bathtub or shower.
- Ice, snow, mud or fallen leaves.

SOME FRIGHTENING STATISTICS ABOUT FALLS IN NURSING HOMES

While half of all falls happen in private homes, some recent studies showed the high risk for falls among nursing home residents:

- **Every year, there are from 100 to 200 reported falls in a typical 100-bed nursing home.**
- **As many as 75% of all nursing home residents fall down every year.**
- **Many people who live in nursing homes experience two or more falls per year.**
- **Each year, about 1800 residents die as a result of falling down.**

Remember, people who live in nursing homes are generally more frail than seniors who live out in the community. They tend to be older, have more chronic illnesses (including dementia) and are often physically dependent. Due to these serious risk factors, they represent a special challenge when it comes to fall prevention. All over America, nursing assistants (and their co-workers) are doing their best to reduce these alarming statistics.



TRY THIS NOW!

Apply what you've learned!

THE "GET UP AND GO" TEST

This is a simple test that makes it easy to tell if a client is steady on his or her feet.

1. The first step is to have your client sit in a chair with an upright back.
2. Next, ask your client to stand. Don't allow them to use the armrest to push himself up unless absolutely necessary.
3. Ask your client to stay standing once he is up.
4. If you notice him swaying or hesitating, then he is probably at risk for a fall.
5. Next, ask the person to walk about ten feet, turn around, walk back, and sit down.
6. Clues that a client has trouble with this test may include any of the following: hesitating, stumbling, taking small steps, moving slowly or asking for help.
7. If your client exhibits any of these risk factors, you should report and document your findings.

USING ASSISTIVE DEVICES SAFELY

Assistive equipment can be a great help in preventing falls in your clients. Canes and walkers help clients regain mobility and independence. Grab bars, shower chairs and raised toilet seats allow clients to use bathrooms privately and independently.

Sometimes, these helpful devices can create more problems than they solve. Here are some facts:

- Injuries related to canes and walkers send 47,000 people a year to the ER.
- Fractures, generally to the hip, are the most common type of injury associated with assistive equipment.

Assistive equipment cannot help prevent falls if it is not in good working condition. Here is what you should look for:

- **Check Canes:** If the cane is made of wood, inspect the shaft and handle for cracks, splintering or weak spots. If the cane is metal, check if all the bolts and screws are present (making the cane stable and strong). Check if the rubber tip is present and inspect the shape (which should be even and clean).
- **Check Walkers:** Look at the bolts and screws (to see that all connections are present and secure). Check for all four of the rubber tips and inspect their shape (which should be even and clean). If the walker has caster wheels, make sure they are firm, in good shape and roll smoothly.
- **Check Wheelchairs:** Make sure all bolts and screws are present and secure. Check wheels. Wheels should be firm, smooth and roll straight without wobbling. Brakes should be firm when engaged and should stop the wheelchair from moving at all. Check the seat and back rest for rips, tears or weak spots. Make sure the foot and leg rests move easily and sit firmly in the proper position for your client.
- **Grab bars, transfers seats and commodes:** Grab bars in the home should be *professionally* installed. Push and pull on grab bars to ensure they are securely attached. Check all connections and rubber stoppers on transfer seats and commodes. Make sure everything is firm and level.



THINK about it!

RETIRE THOSE RESTRAINTS

In the past, it was common practice to use *restraints* as a way to prevent falls.

Today, however, research has shown that **restraints have the potential to actually create more problems than they solve.**

For example, restraints have been shown to increase falls by promoting loss of mobility—leading to muscle weakness and poor circulation.

Federal law states: “The resident has the right to be free from any physical or chemical restraint imposed for the purpose of discipline or convenience and not required to treat the resident’s medical symptoms.”

- **So, how do you keep your clients from falling when you can’t watch them every minute of every day?**
- **Get creative! Make a “Top Ten” list of things you can do to keep your clients from falling without the use of restraints.**
- **Share your list with your co-workers and supervisor! Read their “Top Ten” lists!**

If you discover faulty equipment, follow your workplace guidelines for reporting and requesting repairs. **NEVER ATTEMPT TO REPAIR EQUIPMENT YOURSELF.** Assistive equipment should only be assembled, installed, and repaired by trained professionals!

CLIENT AND FAMILY EDUCATION

Many agencies and facilities have a way of identifying clients who are at high risk for falls. Your workplace may use brightly colored wristbands, place star symbols on the door (to indicate a “falling star”), or place a sticker on the chart to identify those clients who are most likely to fall.

- Be sure you know **your** workplace system for identifying clients at high risk for falls and make sure you are clear about what it means.
- Talk to your clients about their risk for falls. Clients who are **not** confused or disoriented *can* and *should* be trusted to work with the healthcare team to keep themselves safe.
- Confused, non-compliant, or combative clients may need to be **coaxed** into following the rules that keep them safe. For example, you may need to sit down with the client and family members and convince the client to agree to call for help as needed or you may even have them sign a “contract.” The contract may simply be a piece of paper that says, “I will call for help before getting up to walk.” Then have the client sign it and tape it up where it is easy to see.
- If your workplace has a policy like “Call, Don’t Fall!” in place . . . be sure your clients and their family members understand the policy and know why it is so important.
- In clients’ homes, you may need to develop a checklist for the client and family to go through once a week. The check list may include items such as:
 - **When you walk through a room, do you have to walk around furniture?** *If so, ask someone to move the furniture so your path is clear.*
 - **Are there any throw rugs on the floor?** *If yes, remove.*
 - **Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?** *If so, pick them up.*
 - **Do you see any wires or cords in the walking path?** *If yes, tuck them away or remove completely.*

Don’t hesitate to involve the family. Family and loved ones will welcome the responsibility and appreciate the opportunity to help! No one wants to see a loved one suffer an injury from a fall.



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 72 year old woman who has healed quickly after suffering a broken hip in a fall.
- The physical therapist has recommended that the two of you take short walks each day to improve her strength and balance.
- She tells you she really does not want to go walking because she is just too afraid that she will fall again.
- **WHAT YOU KNOW:** You know that exercise, like walking, actually improves strength and balance and can prevent falls. And, you know she needs to get moving now before her condition gets worse.
- **GET CREATIVE:** Think of **3 creative solutions** you might suggest to your client right now to help her make the choice to get some exercise to improve her strength and balance.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

TIPS FOR PREVENTING FALLS

Try following these tips during your daily work. You'll be doing your part to prevent your clients from falling.

- When you begin caring for a new client, ask your supervisor about the fall risk level. If a fall risk assessment has not been done yet, use standard fall precautions.
- Remember, some clients feel that using a cane, walker or wheelchair is a sign of age or weakness. If your clients are not using their equipment as ordered, ask them how they feel about it. Report your conversation to your supervisor.
- Encourage your clients to stay as active as possible—and to get some kind of daily exercise. If your client is being treated by a physical therapist, ask the therapist what you can do to help your client stay active.
- A person's flexibility becomes limited as he or she grows older. Bending to pick up things or reaching for a phone can be tough. Encourage daily stretching exercises!
- Report any changes in memory or hearing to your supervisor.
- If necessary, help your clients move from a sitting to a standing position or when getting in and out of bed. When you help move a high risk client from the bed to a chair, for example, be especially careful about supporting the person throughout the transfer.
- For clients with a history of dizziness, encourage them to sit on the side of their bed for a few minutes before attempting to stand.
- If your client complains about falling out of bed, suggest that bedrails be installed for added security.
- If your clients use hospital beds, make sure they are secured in the *lowest* position and use side rails safely as ordered.
- If a client is new to your facility, make sure he or she is familiar with the environment, including the location of the bathroom, light switches and the call bell.
- If your facility uses bed or chair alarms to help prevent falls, be sure you and your clients understand how they work.
- As a precaution, ask a client to always leave the bathroom door unlocked. If a fall occurs while they are inside a locked room, giving them assistance will be tough!



TALK about it!

Open the Discussion

REMEMBER "BIG JIM"?

Conduct a fall risk assessment for "Big Jim" based on what you read about him on page one.

- What is his "Fall Risk"?
- What **precautions** should be put in place to keep a client with this risk level safe?
- "Big Jim" tried to get back to bed on his own when no one came to help after five minutes. **Do you think five minutes is an unacceptable wait time?**

When you are sick or tired, five minutes can feel like an eternity. In addition, "Big Jim" always felt like he was bothering the nurses or asking for too much . . . leading him to do things to save the nurses some work.

- **What would you do differently to protect "Big Jim" from the fall?**
- **Talk to your co-workers and supervisor to find out how they would handle this situation.**



MORE TIPS FOR PREVENTING FALLS

- For your clients with Foley catheters, make sure the tubing is taped securely to keep them from tripping. If the tubing is loose, they could easily stumble over it while walking.
- Report a client's dizziness, confusion or disorientation to your supervisor. Sometimes these symptoms are a side effect of multiple medications, and will go away if the doctor adjusts the medications.
- Report any change in a client's blood pressure to your supervisor. If your client's blood pressure drops when he stands up, he could become unbalanced and fall.
- When you begin caring for a new client, ask your supervisor if that client has any disease or condition that might cause falls. Also, ask if the client has a history of falling. The more you know about your clients, the better prepared you will be to keep them safe.
- Help educate clients about the risk factors for falls. By learning more, they may feel more in control and more confident about avoiding falls.
- Assist your clients to the bathroom as needed. Check with clients often for the need to use the bathroom. This avoids a "last minute" rush that may lead to a fall.
- Keep your clients' environment as free from clutter as possible.
- Studies have shown that a fear of becoming dependent on others may lead elderly people to deny or minimize their risk for falling. If a client resists your help in moving from place to place, don't take it personally. Do let your supervisor know that you are having a hard time assisting your client.
- If your clients need glasses, they should wear them as ordered. However, keep in mind that bifocals might make it difficult for someone to focus properly during ambulation. If you have questions about whether or not a client should wear glasses while walking, talk to your client's nurse.
- If your workplace has a special way to identify clients who are high risks for falling, be sure you have been oriented to the system. Some common identification methods are special stickers on charts, decorative pins on a client's clothing or bright colored wrist bands.



5 KEY points

Key Points to Remember

1. One out of three adults age 65 and older falls each year . . . and falls are the leading cause of death in this age group.
2. Federal Law **requires** all healthcare providers to assess each client's risk for falls within the first 14 days of admission and to re-assess periodically throughout the duration of care as the client's condition changes.
3. It's important to report any changes in your client's physical, mental or emotional status. Even small changes could trigger the need for your supervisor to re-evaluate a client's risk of falling.
4. When you begin caring for a new client, always ask your supervisor about the fall risk level. This will help you prepare to keep your client safe.
5. The hardest part of your job may be maintaining your clients' safety. But, knowing all you can about *why* people fall is an important first step.



A Client Safety Module:
Understanding Fall Risk Factors

Are you "In the Know" about fall risk factors?
Circle the best choice. Then check your answers with your supervisor!

EMPLOYEE NAME
 (Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

1. **Which of the following is NOT a risk factor for falls?**
 - A. Confusion
 - B. Poor vision
 - C. Poor upper body strength
 - D. Taking 3 or more medications
2. **Which of the following clients is most at risk for a fall?**
 - A. An independent 72 year old woman who lives alone.
 - B. A 68 year old man with Parkinson's who lives in a nursing home.
 - C. A 62 year old woman who walks every day after suffering a hip fracture.
 - D. A blind, but otherwise healthy 76 year old who lives at home with his wife.
3. **Poor sleep can place a client at risk for falls when:**
 - A. Lack of sleep causes fatigue, confusion or agitation.
 - B. Daytime fatigue limits participation in normal activities.
 - C. Restlessness leads to getting out of bed at night, especially in the dark.
 - D. All of the above.
4. **A good way to keep elderly clients safe from falls is to:**
 - A. Use restraints.
 - B. Encourage daily exercise.
 - C. Increase staff.
 - D. Limit trips to the bathroom.
5. **True or False**
 If you discover your client's walker is broken, you should locate tools and fix it.
6. **True or False**
 Many people who live in nursing homes experience two or more falls per year.
7. **True or False**
 Clients who are **not** confused or disoriented *can* and *should* be trusted to work *with* the healthcare team to keep themselves safe.
8. **True or False**
 A Fall Risk Assessment is not required, but most caregivers do it anyway as a courtesy to clients.
9. **True or False**
 The more risk factors a client has, the greater the chance of a fall.
10. **Fill in the Blanks**
 A simple test that makes it easy to tell if a client is steady on his or her feet is known as the "Get _____ and _____ Test".