Section two
Falls

Post Falls Guidance

Post Falls Guidance: Care Homes

Resident has a fall – Nurse or Manager must make an assessment of injury prior to moving

GREEN - NON-INJURY

- Conscious and responds as usual
- No apparent injury
- No head injury
- No complaints of pain / discomfort (verbal / nonverbal)
- Mobility unaffected – able to move limbs on command or spontaneously
- No signs of bruising / wounds
- No signs of limb deformity / shortening / rotation

Advice for carer

1. Assist to a comfortable place (using equipment / verbal cues as appropriate)
2. Observe resident for a minimum of 24 hours (inc. neuro obs in a nursing home) for pain or any changes in condition
3. Document all findings

AMBER - MINOR INJURY

- Conscious and responding as usual
- Some bruising
- Slight skin wounds
- Slight discomfort
- Mobility unaffected – able to move limbs as usual on command or spontaneously
- No head injury
- No signs of limb deformity / shortening / rotation

Advice for carer

1. Administer First Aid as required and assist to a comfortable place (using available equipment / verbal cues as appropriate)
2. Observe patient for a minimum of 24 hours (inc. neuro obs in a nursing home) for new / increasing pain or any changes in condition
3. Contact GP or NHS 111 for advice and follow up as appropriate
4. Document all findings

RED - MAJOR INJURY

- Loss of consciousness
- Reduced consciousness
- Signs of head injury
- Airway/breathing problems
- Haemorrhage/bleeding
- Suspected injury to a resident taking anticoagulants
- Chest pain
- Limb deformity
- Pain/Discomfort
- Swelling
- Extensive bruising
- Unable to move limbs/ joints on command
- Dizziness or vomiting
- Any fall from a height above 2 metres
- Any other concerns by carer

Advice for carer

1. Do not move resident
2. Call 999 for ambulance
3. Administer first aid as required
4. Inform relatives
5. Document actions

If there are any changes in the resident's condition which cause concern, contact the GP or NHS 111 for follow up. Contact 999 in an emergency

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Advice Following Head Injury

Advice for carers of adults following a head injury

The person for whom you are caring has sustained a head injury. They are able to remain at home but will need a responsible adult with them for the next 24 hours to monitor them. They should not be left alone. Please ensure that you have access to a telephone during this time so you can seek help and advice from a health care professional if necessary. Whilst most people don't experience any symptoms following a head injury, it is possible that delayed or persistent problems can occur.

Contact the Community Rapid Response Team:
01934 627 138 (24 hours a day)

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It is important to observe for the following symptoms and if present call 999 immediately:

- ***Unconsciousness*** – or lack of full consciousness (for example, difficulty in keeping eyes open)
- ***Drowsiness*** which lasts longer than 1 hour during a time when they would normally be awake.
- ***Difficulty in waking the person***
- ***Problems with speech*** or them understanding you
- ***Dizziness***, Loss of balance or problems with balance
- ***Weakness*** in arms or legs, abnormal co-ordination
- ***Confusion*** - muddled
- ***Any visual disturbances*** – blurred vision, double vision or loss of vision
- ***Persistent painful headache*** which is not relieved with regular pain relief
- ***Vomiting***
- ***Fits***
- ***Clear fluid*** coming from the nose or ears
- ***Bleeding*** from one or both ears
- ***New deafness*** in one or both ears
- ***Altered breathing pattern***

Your relative/friend may experience other symptoms over the next few days, they should disappear within the next 2 weeks. These could include:

- Headache
- Nausea
- Irritability
- Difficulty with concentration or memory problems
- Tiredness
- Loss of appetite
- Problems with sleep

Should your friend/relative experience any of these and they are of concern they should visit their GP.

Rest and avoiding stressful situations at this time are important, other things to avoid include:

- Taking any drugs (other than prescribed)
- Drinking alcohol
- Avoid Non-Steroidal Anti-inflammatory Drugs for 72 hours, eg Ibuprofen.
- Taking sleeping tablets, sedatives or tranquillisers unless advised by GP
- Avoid contact sports or exercise until GP advice has been sought
- Do not drive a car or operate machinery until fully recovered

The Community Rapid Response team will be visiting during the next 24 hours. Please advise them of any concerns which you may have about your friend/relative.

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Falls Procedure: Checklist

- Any change in resident's health or behaviour. Is resident in pain?
- Eye sight; are correct glasses being worn?
- Hearing; are prescribed hearing aids being worn? Are the batteries working?
- Are ears blocked with wax?
- Have eyes and hearing been checked in past 12 months?
- Has resident been checked for urine infection?
- Has resident got a chest infection?
- Are there any other infected areas e.g. cellulitis?
- Could resident be constipated?
- Has the resident's mobility deteriorated?
- Does patient require a walking aid?
- Is their footwear appropriate? Have they seen a chiropodist within last 6-8 weeks?
- Is the location of the bedroom appropriate?
- Is the environment clutter free? Is the bed against the wall?
- Can they reach the call bell?
- Is a commode or crash mat needed by the bed?
- Are bed rails being appropriately used?
- Is comfort rounding needed?
- Are bed/chair sensors in place? If not are they needed?
- Is the resident being encouraged to spend time in communal areas?
- Has resident lost weight recently?
- Has resident started taking new medications?
- Has medication been reviewed? Consider GP referral for bone health check.
- Are there plenty of sign posts around the home?
- If resident is still falling please request referral through G.P

Guidance for care homes: medication and falls

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Guidance for Care Homes: Medications and Falls

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 years and older have the highest risk of falling. Within the next year 30% of people over 65 years will have at least one fall and this increases to 50% of people over 85 years. Residents who have fallen are at high risk for a repeat fall.

The impact of falls may include:

- ✓ Fractures of the hip, femur (leg), humerus (arm), wrist and rib
- ✓ Soft tissue injuries (bruises, pain, swelling)
- ✓ Haematoma (a solid swelling of clotted blood within the tissues)
- ✓ Temporary confusion
- ✓ Sudden ageing
- ✓ Loss of independence, loss of confidence, reduced social and physical activities
- ✓ Hospitalisation and immobilisation
- ✓ Disability
- ✓ Death

Any medicine that causes one of the following effects can in theory increase the risk of falling:

- ✓ Sedation, drowsiness
- ✓ Hypoglycaemia (low blood sugar)
- ✓ Confusion
- ✓ Tinnitus, deafness
- ✓ Orthostatic hypotension (sudden drop in blood pressure)
- ✓ Impaired postural stability
- ✓ Hypothermia (low body temperature)
- ✓ Dehydration
- ✓ Blurred vision, dry eyes
- ✓ Drug induced Parkinsonism

Things to remember:

- Older people (over 65 years of age) may be more "sensitive" to medications.
- Residents taking four or more medicines are at an increased risk of falls.
- Falls may be due to recent medication changes, but are usually caused by medicines that they have been taking for a long time.
- The more risk factors a resident has, the more likely that they are to fall. Medication is only one risk factor, others include problems when walking or moving, not using mobility aids correctly, not wearing good footwear, cognitive problems, behavioural problems and other medical conditions that affect balance, coordination and movements.

Taking four or more medicines of any type can increase the risk of falls

Adapted from NEWDEVON CCG Date: September 2016 Review date: December 2017

In residents taking medications known to contribute to falls, a medication review can play an important part in preventing falls. The aim of the review should be to modify or withdraw the drug, if this is not possible close monitoring is required.

Residents at high risk of falling (eg with recurrent, unexplained or injurious falls) should be considered for specialist referral and multidisciplinary intervention.

The table below shows the different types of drugs that may contribute to a fall. The risk is increased even further if two or more different drugs are prescribed from the below lists.
Remember: It may not be possible to stop any particular drug.

Types of drugs	Examples of these drugs	Effects that may lead to a fall
High risk drugs • May lead to a fall as all cause drowsiness		
Psychiatric drugs	Chlorpromazine, haloperidol	Drowsiness
Sleeping tablets	Temazepam, zopiclone	Drowsiness
Drugs for depression	Amitriptyline, mirtazapine	Drowsiness
Drugs for muscle spasms	Baclofen, tizanidine	Drowsiness
Some painkillers	Codeine, dihydrocodeine	Drowsiness
Drugs for allergies	Chlorphenamine, Promethiazine	Drowsiness
Some drugs for high blood pressure	Methyldopa	Drowsiness, low blood pressure
Medium risk drugs • May lead to a fall by other mechanism		
Water tablets	Bendroflumethiazide, furosemide	Low blood pressure, dehydration
Drugs for high blood pressure	Atenolol, lisinopril	Low blood pressure
Drugs for urinary incontinence	Oxybutynin, tolterodine	Blurred vision, dizziness
Anti-sickness drugs	Metoclopramide, Prochlorperazine	Muscle spasms
Drugs for epilepsy	Carbamazepine, phenytoin	Dizziness, blurred vision
Drugs for Parkinson's	Co-beneldopa, pergolide	Dizziness, low blood pressure
Laxatives	Lactulose, senna	Dehydration
Miscellaneous	Digoxin (if blood level too high)	Dizziness, confusion
Other drugs • Indicate that a person has a medical condition that could mean they are more likely to fall		
Drugs for diabetes	Metformin, gliclazide, insulin	Low blood sugar
Drugs for irregular heartbeat	Amiodarone, disopyramide	Dizziness

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Alphabetical list of high risk drugs by generic name

Remember: Risk is increased if two or more different drugs are prescribed together.

Do not advise anyone to stop taking a drug without consulting his or her GP.

A
Alfuzosin
Alprazolam
Amiodarone
Amisulpiride
Amitriptyline
Amlodipine
Atenolol
Aripiprazole

B
Baclofen
Benperidol
Bisoprolol
Bumetanide
Buprenorphine
Buspirone

C
Candesartan
Captopril
Carbamazepine
Carvedilol
Chlordiazepoxide
Chlorpromazine
Chlortalidone
Cinnarizine
Citalopram
Clobazam
Clomipramine
Clonazepam
Clonidine
Clozapine
Codeine
Co-codamol
Co-dydramol
Co-proxamol
Cyclizine

D
Dantrolene
Diamorphine
Diazepam
Digoxin
Dihydrocodeine
Diltiazem
Dipipanone
Dosulepin
Doxazosin
Doxepin
Duloxetine

E
Enalapril
Escitalopram

F
Felodipine
Fentanyl
Flecanide
Fluoxetine
Flupentixol
Fluphenazine
Flurazepam
Fluvoxamine
Fosinopril
Furosemide

G
Gabapentin
Glyceryltinitrate

H
Haloperidol
Hydromorphone

I
Imipramine
Indoramin
Irbesartan
Isocarboxazid
Isosorbide mononitrate

L
Lercandipine
Lisinopril
Levomepromazine
Lofepramine
Loprazolam
Lorazepam
Lormetazepam
Losartan

M
Meprobamate
Meptazinol
Methadone
Methyldopa
Metolazone
Metoprolol
Mianserin
Mirtazapine
Moclobemide
Moxonidine
Morphine

N
Nabilone
Nicorandil
Nifedipine
Nitrazepam
Nortriptyline

O
Olanzapine
Olmesartan
Oxazepam
Oxycodone

P
Paliperidone
Paroxetine
Pentazocine
Pericyazine
Perindopril
Perphenazine
Pethidine
Phenelzine
Phenobarbitone
Phenytoin
Pimozide
Pizotifen
Pramipexole
Prazosin
Prochlorperazine
Promazine
Promethazine
Propranolol

Q
Quetiapine
Quinapril

R
Ramipril
Risperidone
Ropinirole

S
Selegiline
Sertraline
Sodium Valproate
Sotalol
Sulpiride

T
Tamsulosin
Tapentadol
Telmisartan
Temazepam
Terazosin
Timolol (eye drops)
Tizanidine
Tramadol
Trandolapril
Tranylcypromine
Trazodone
Trifluoperazine
Trimipramine

V
Valsartan
Venlafaxine
Verapamil

Z
Zaleplon
Zolpidem
Zopiclone
Zuclopenthixol

This is not intended to be an exhaustive list. For full prescribing information on any drug see Summary of Product Characteristics.

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Falls Safety Cross

Month:

Year:

Green — No Falls
Orange — New resident with falls history
Red — Fall

Time	Date	Resident	Location of fall