#### OLDER ADULT FALLS Startling Statistics



More than

More than

www.cdc.gov/steadi

of those falls required medical

treatment or restricted activity for at least a day.

7l

older adults died as a result of falls — that's 74 older adults every day.

L CDC



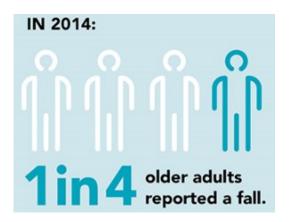


## After the fall—

# Talk About It!

### A guide for fall prevention

for the people who want to prevent the next fall and preserve independence



<u>Get more information and resources online:</u> <u>healthyaging.health.ok.gov</u>



www.health.ok.gov. November 2017

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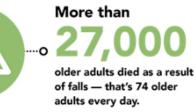




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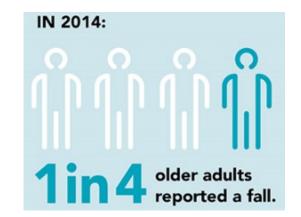




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### **10 QUESTIONS TO ASK AFTER A FALL**

Stay with the person, then call for or ask someone to help. Afterwards, collect information to determine the root cause of the fall.

#### 1. Are you OK?

- 2. What were you trying to do just before you fell?
- 3. What was different this time?
- 4. Who was in the area when the individual fell?
- 5. Observe the position of the individual:
  - A. Are they near a bed, toilet, or chair? (Note the distance)
  - **B.** Are they on their back, left side, or right side?
  - **C**. Note the position of their arms and legs.
- 6. What is the surrounding area like? (Noisy, busy,
  - dimly lit, wet, cluttered, etc.)
  - A. If in or near a toilet— are there contents in the toilet?
  - **B.** If near a bed— note the bed height.
  - C. Note the position of other nearby furniture or equipment.

#### **Review of Contributing Factors**

Environmental Factors/	Medical Status/Physical	D Vital Signs Abnormal or
Items Out of Reach	Condition/Diagnoses	Significant
Environmental Noise	Mood or Mental Status	□ Last 3 hours 'Re-creation'
Footwear	Toileting Status	Issue(s)
Medication	Vision or Hearing	□ Other
	Items Out of Reach <ul> <li>Environmental Noise</li> <li>Footwear</li> </ul>	Items Out of ReachCondition/DiagnosesEnvironmental NoiseMood or Mental StatusFootwearToileting Status

Source: http://www.empira.org/Fall Scene Investigation Report for nursing homes



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  - A. Are they near a bed, toilet, or chair? (Note the distance)
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  - C. Note the position of their arms and legs.

- 7. What is the floor like? (Carpet, rugs, tile, mats, etc.)
  - A. Is the floor wet, uneven, or shiny?
  - **B.** Is there urine on the floor?
- 8. What is the person wearing? (Describe clothing and footwear)
- 9. Is the person using an assistive device? (Note the type of device— cane, walker, brace, etc.)
- 10. Does the person usually wear glasses and/or hearing aids? (Note if they were wearing these items when they fall occurred)

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#### **ROOT CAUSE OF THIS FALL**

What appears to be the initial root cause(s) of the fall?

Describe initial interventions to prevent future falls.

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dimly lit, wet, cluttered, etc.)

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- **B.** If near a bed— note the bed height.
- C. Note the position of other nearby furniture or equipment.

#### **Review of Contributing Factors**

(Check All That Apply):

- 🗆 Alarm
- □ Amount of Assistance In Effect
- □ Assistive/Protective Device □ Medication
- Environmental Factors/ Items Out of Reach
- Environmental Noise
- □ Footwear

ROOT CAUSE OF THIS FALL

What appears to be the initial root cause(s) of the fall?

#### Describe initial interventions to prevent future falls.

- Medical Status/Physical Condition/Diagnoses
- Mood or Mental Status
- Toileting Status
- □ Vision or Hearing
- □ Vital Signs Abnormal or Significant
- □ Last 3 hours 'Re-creation' Issue(s)
- Other \_\_\_\_\_