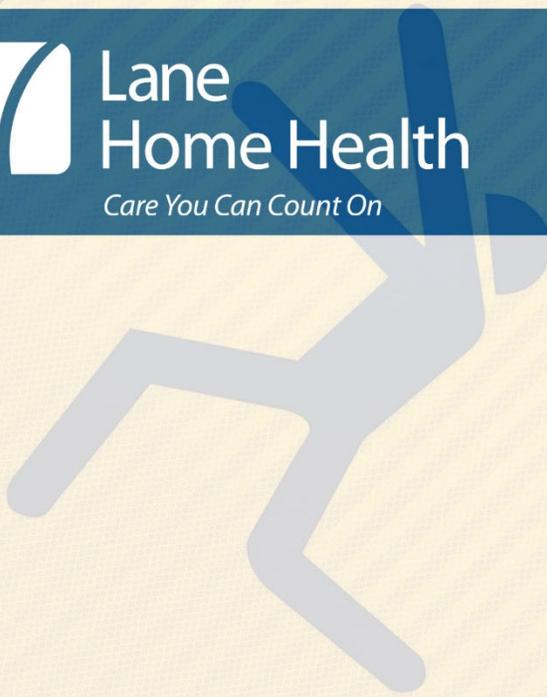




Lane  
Home Health

*Care You Can Count On*



# FALL

## PREVENTION AND SAFETY

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**\*\*\*Always notify Lane Home Health Employee of ANY fall, even if you do not have an injury\*\*\***



## Check Your Risk of Falling:

Circle Yes or No for each

Yes (2)	No	I have had at least 1 fall in the past year	Those who have fallen in the past are more likely to have another fall
Yes (2)	No	I use (or have been told to use) a cane or walker to walk safely	Being advised to use a cane means you are likely to be at risk of a fall
Yes (1)	No	Sometimes I don't feel steady when I walk	Needing support / unsteadiness when walking is a sign of poor balance
Yes (1)	No	I use furniture to steady myself when walking at home	Sign of poor balance
Yes (1)	No	I worry that I will fall	If you are worried about falling, you are more likely to fall
Yes (1)	No	I need to push with my hands to stand up from a chair	Sign of weak leg muscles, which is a major cause of falling
Yes (1)	No	I have some trouble stepping up onto a curb	Sign of weak leg muscles
Yes (1)	No	I often have to hurry to the toilet	Rushing (especially at night) increases chance of falling
Yes (1)	No	I have lost some feeling in my feet	Numbness in feet can lead to stumbles and falls
Yes (1)	No	I take medicine that sometimes makes me feel light headed or more tired than usual	Side effects from some medicines can increase risk of falls
Yes (1)	No	I take medicine to help me sleep or improve my mood	These may increase risk of falling
Yes (1)	No	I often feel sad or depressed	Symptoms of depression, such as not feeling well or feeling slowed down are linked to falls

Total \_\_\_\_\_

If the number is 4 or higher, you may be at risk for falling.

# Fall Hazard Checklist

## Kitchen:

Are things on high shelves? \_\_\_\_\_

- Keep things you use often on lower shelves (preferably waist level)

Do you have/use a step stool? And is it sturdy? \_\_\_\_\_

- If you MUST use a step stool, get one with a bar to hold on to. NEVER use a chair as a stepstool



## Bedrooms:

Is the light near the bed hard to reach? \_\_\_\_\_

- Place a lamp close to the bed where it is easy to reach

Is the path from your bed to bathroom dark? \_\_\_\_\_

- Put in a nightlight so you can see where you are walking. Some nightlights automatically light up after dark

Floors:

When you walk through a room, do you have to walk around furniture or wires/coils/oxygen tubing? \_\_\_\_\_

- Ask someone to move furniture or wires to make a CLEAR PATH

Do you have throw rugs on the floor? \_\_\_\_\_

- Remove the rugs OR use double sided tape or non-slip backing to make sure the rugs don't slip

Is there clutter or objects on the floor? (shoes, books, etc.) \_\_\_\_\_

- Pick up things off of the floor. Always keep objects off of the floor.



Stairs and Steps (inside and outside):

Are there objects on the stairs? \_\_\_\_\_

- Always keep objects off of steps/stairs

Are some steps broken or uneven? \_\_\_\_\_

- Fix loose or uneven steps

Is there a light/light switch at top and bottom of steps? \_\_\_\_\_

- Have light switch at top and bottom of stairs.

Are there any bulbs in the home burnt out? \_\_\_\_\_

- replace all bulbs that are broken/burnt out

Is the carpet on steps loose or torn? \_\_\_\_\_

- make sure carpet is firmly attached/surface is not slippery

Are handrails loose or broken? Is there a handrail on only one side? \_\_\_\_\_

- Fix loose handrails and make sure rails are on both sides of stairs and as long as stairs.

# How you can Prevent a Fall



## SPEAK UP

- Talk openly and honestly with your family and/or healthcare provider about your risk of falls and your concern
- It is ok AND important for you to admit and tell your family and healthcare provider about any falls that you may have to help prevent future falls.
- Keep an updated and current list of your medications
- Discuss any side effects of medications including dizziness, sleepiness

## KEEP MOVING

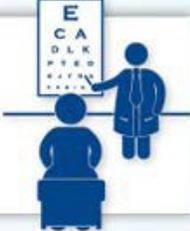
- Exercise and movement can help you feel better and more confident (as long as it is done safely)
- Check with your healthcare provider about the best type of exercise for you

## HAVE YOUR EYES AND FEET CHECKED

- Being able to see and walk comfortably can help prevent falls
- Have your eyes checked at least once a year (more often if you notice changes in your sight)
- Replace eyeglasses as needed
- Have your feet checked by your healthcare provider at least once a year
- Discuss proper footwear and if you need to see a foot specialist

## MAKE THE HOME SAFE

- Most falls happen at home
- Make sure your home is safe and has lots of light (see the fall hazard checklist)
- Remove clutter and tripping hazards.

- 1** **Find a good balance and exercise program**  
Look to build balance, strength, and flexibility. Contact your local Area Agency on Aging for referrals. Find a program you like and take a friend. 
- 2** **Talk to your health care provider**  
Ask for an assessment of your risk of falling. Share your history of recent falls. 
- 3** **Regularly review your medications with your doctor or pharmacist**  
Make sure side effects aren't increasing your risk of falling. Take medications only as prescribed. 
- 4** **Get your vision and hearing checked annually and update your eyeglasses**  
Your eyes and ears are key to keeping you on your feet. 
- 5** **Keep your home safe**  
Remove tripping hazards, increase lighting, make stairs safe, and install grab bars in key areas. 
- 6** **Talk to your family members**  
Enlist their support in taking simple steps to stay safe. Falls are not just a seniors' issue. 



## Medications related to risk of falls

**Medications are among the most common causes** of increased fall risk in older people.

**Medications are usually among the easiest risk factors to change**, when it comes to falls in older adults.

**Medication-based risks are often missed by busy regular doctors.**

Older adults and family caregivers can make a big difference by being proactive in this area.

**Medications that affect the brain.** Health professionals often refer to these drugs as “psychoactives.” These are drugs that affect brain function. Many tend to cause some sedation or drowsiness.

**Anticonvulsants**--Most of these drugs were originally developed to treat seizures. They are also used to stabilize mood in conditions such as bipolar disorder, and to treat difficult dementia behaviors. They can also be used to treat certain types of nerve pain.

- Valproic acid (brand name Depakote) is a mood stabilizer that is sometimes used to manage difficult behaviors in Alzheimer’s or other dementias.
- Clinical research suggests that anticonvulsants are associated with increased fall risk. They also tend to have many other problematic side-effects in older adults.
- Gabapentin (Neurontin) is another seizure medication that is often used to treat nerve pain. Some research suggests it may not affect balance as much as some other anticonvulsants.

**Antidepressants**--These are medications prescribed to treat depression. Some of them are also used to treat anxiety.

- Selective serotonin-reuptake inhibitors (SSRIs) include sertraline, citalopram, escitalopram, paroxetine, and fluoxetine (brand names Zoloft, Celexa, Lexapro, Paxil, and Prozac, respectively).
- Other antidepressants commonly used include mirtazapine, bupropion, and venlafaxine (brand names Remeron, Wellbutrin, and Effexor, respectively).
- Tricyclic antidepressants include amitriptyline and nortriptyline (brand names Elavil and Pamelor, respectively).
  - These antidepressants are quite anticholinergic and are no longer often used to treat depression. They are still used to manage nerve pain.
- Trazodone is an older antidepressant that is now used almost exclusively as a mild sleep aid.
- Virtually all antidepressants have been associated with an increase in fall risk.

Antipsychotics -- These are medications originally developed to treat schizophrenia and other illnesses featuring psychosis symptoms. They are commonly prescribed to control difficult behaviors in Alzheimer's and other dementias. (Learn more about why this is problematic in 5 Types of Medication Used to Treat Difficult Dementia Behaviors.) They are also sometimes prescribed to people with depression.

- Commonly prescribed antipsychotics are mainly “second-generation” and include risperidone, quetiapine, olanzapine, and aripiprazole (Risperdal, Seroquel, Zyprexa, and Abilify, respectively).
- The first-generation antipsychotic haloperidol (Haldol) is still sometimes used.
- Clinical research indicates that antipsychotics are associated with increased falls.

Benzodiazepines -- This class of medication is often prescribed to help people sleep, or to help with anxiety. They do work for this purpose, but they are habit-forming and have been associated with developing dementia.

- Commonly prescribed benzodiazepines include lorazepam, diazepam, temazepam, alprazolam (brand names Ativan, Valium, Restoril, and Xanax, respectively)
- Clinical research studies consistently find that benzodiazepines are associated with increased fall risk.
- Note: it can be dangerous to stop benzodiazepines suddenly. These drugs should always be tapered, under medical supervision.

Opioids -- Opioids are mainly used for the treatment of pain.

- Commonly used opioids include codeine, hydrocodone, oxycodone, morphine, fentanyl, and methadone.
- Opioids often cause drowsiness, as well as other side-effects.
- Clinical research on the association between opioids and increased fall risk in older adults has shown mixed results. A 2009 meta-analysis of medications and fall risk did **not** find that opioids were associated with falls. However some experts — including the CDC — still recommend that narcotic use be evaluated as part of fall risk management.

Sedatives and Hypnotics -- These drugs are usually prescribed to treat insomnia or sleep difficulties.

- This group includes the “z-drugs”: zolpidem, zaleplon, and eszopiclone (brand names Ambien, Sonata, and Lunesta, respectively).
- These have been shown in clinical studies to impair balance — and thinking! — in the short-term.

**Review prescription drugs, over-the-counter medications, and herbal supplements. Some can cause dizziness, sedation, confusion, blurred vision, or orthostatic hypotension.**

These include:

- Anticholinergics
- Antihistamines
- Medications affecting blood pressure
- Muscle relaxants

**Anticholinergics** -- This group covers most over-the-counter sleeping aids, as well as a variety of other prescription drugs. These are medications that have the chemical property of blocking the neurotransmitter acetylcholine.

- A large number of drugs of different classes have strong anticholinergic activity. They include:
  - **Sedating antihistamines**, such as diphenhydramine (brand name Benadryl)
  - **The “PM” versions of over-the-counter analgesics** (e.g. Nyquil, Tylenol PM); the “PM” ingredient is usually a sedating antihistamine
  - **Medications for overactive bladder**, such as the bladder relaxants oxybutynin and tolterodine (brand names Ditropan and Detrol, respectively)
  - **Medications for vertigo, motion sickness, or nausea**, such as meclizine, scopolamine, or promethazine (brand names Antivert, Scopace, and Phenergan).
  - **Oral medications for itching**, such as hydroxyzine and diphenhydramine (brand names Vistaril and Benadryl)
  - **Muscle relaxants**, such as cyclobenzaprine (brand name Flexaril).
  - **“Tricyclic” antidepressants** and also the SSRI paroxetine (brand name Paxil)
- Anticholinergics commonly cause sedation. They can also cloud thinking and have been associated with developing dementia.
- Clinical research on anticholinergics and fall risk has shown mixed results. A recent clinical study found that the association was not statistically significant. Still, given that anticholinergics can cause drowsiness and are risky for seniors for other reasons, many experts believe it’s reasonable to include them when reviewing medications for fall prevention.

About **one third** of people over the age of 65 and almost half of people over the age of 80 will fall at least once this year.

**Medications that affect blood pressure.** These are drugs that can cause or worsen a sudden drop in blood pressure. A drop in BP — or chronically low BP — can increase fall risk.

- Older adults can easily experience a drop in blood pressure when they stand. This is called postural (or orthostatic) hypotension.



- Most medications for high blood pressure can cause or worsen postural hypotension.
- Medications such as tamsulosin (brand name Flomax) and related medications to improve urination can also cause postural hypotension

**Medications that lower blood sugar.** Many older adults with diabetes take medications to keep their blood sugar from getting too high. Most diabetes medications can cause or worsen hypoglycemia (too low blood sugar).

- Metformin (brand name Glucophage) is notable in that it causes minimal risk of hypoglycemia, unless it's being taken in combination with insulin or other diabetes drugs.
- Research studies have found that hypoglycemia is associated with falls in older adults.

Am I on any of these medications? \_\_\_\_\_

List and review medications with your Lane Home Health nurse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Postural (Orthostatic) Hypotension

### What is it?

Postural hypotension is a sudden drop in your blood pressure when you stand up after lying down or sitting. When your blood pressure drops, less blood can go to your organs and muscles. This can make you more likely to fall.

### How common is it?

Very common as we get older. One in four people over the age of 65 may have symptoms of postural hypotension.

### What happens?

- Feeling dizzy
- Feeling light headed
- Blurred vision
- Weakness
- Tremors or feeling unsteady

### It can occur:

- When your blood vessels do not tighten
- When you sit up or stand up
- As a side effect of your medication
- If you are dehydrated



### What can I do about it?

There are a number of things you can try...

#### **BE SURE TO TELL YOUR DOCTOR, FAMILY OR NURSE ABOUT YOUR SYMPTOMS!**

- Eat small meals rather than two or three large meals
- Avoid fast changes in position
- Sit on the side of the bed with legs dangling before standing.
- Stay active! Walking is great exercise
- Stand with care for one minute before walking
- When sitting, pump your calf muscles by pointing your toes up and down.
- Drink four to six glasses of water a day
- Avoid heat (hot tubs, saunas or steam baths)
- Avoid caffeine (coffee, tea, colas, chocolate, “power” drinks, and alcohol which can lead to dehydration)
- Sleep with the head of your bed elevated
- Ask your doctor about wearing support stockings as reducing swelling in lower legs can be helpful
- If you feel dizzy, sit down, put your head between your knees or lie down immediately, then wait until the feeling goes away before you slowly get up.

# Measuring Orthostatic Blood Pressure

1. Have the patient lie down for 5 minutes.
2. Measure and record blood pressure and pulse rate.
3. Have the patient sit for 1-2 minutes.
4. Measure and record blood pressure and pulse rate.
5. Have the patient stand for 1-2 minutes (stand by patient for safety).
6. Measure and record blood pressure and pulse rate.

**A drop in blood pressure of > 20 mm Hg, or in diastolic blood pressure of >10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.**

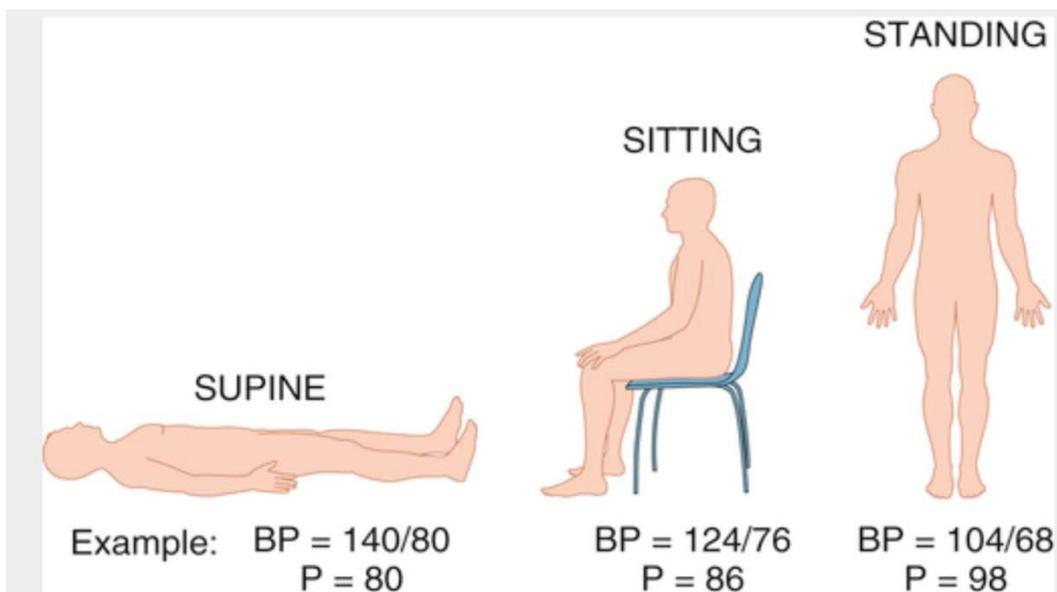
<b>Lying down</b>	<b>5 minutes</b>	BP _____/_____ HR _____
<b>Sitting</b>	<b>1-2 minutes</b>	BP _____/_____ HR _____
<b>Standing</b>	<b>1-2 minutes</b>	BP _____/_____ HR _____

## Symptoms of Orthostatic Hypotension

- Dizziness, feeling faint
- Light headedness
- Blurred vision
- Disorientation and confusion
- Weakness/fatigue/falling
- Chest pain

## Patients Most at Risk

- Older patients, 65+
- GI Bleed/Anemic
- Dehydration
- Surgical patients
- Diabetics
- Heart disease



**FIGURE 12-15** Assessing postural hypotension.

After measuring the blood pressure (BP) and pulse (P) in the supine position, leave the blood pressure cuff in place and assist the person in sitting. Remeasure the blood pressure within 15 to 30 seconds. Assist the person in standing, and measure again. A drop of more than 20 mm Hg systolic and more than 10 mm Hg diastolic accompanied by a 10%-20% increase in heart rate (pulse) indicates postural hypotension. Sample measurements are given. (From Black JM, Hawks JH, Keene AM. *Medical-surgical nursing*



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