

# Staying Steady in a Care Home



## Continence

- Trying to avoid incontinence can lead to falls through rushing
- Prior incidents can cause slip hazards
- Urinary tract infections can cause delirium, drowsiness and hypotension

## Vision

- Vision plays an important role in balance
- Impaired vision can affect depth perception and contrast sensitivity leading to falls

## Environment and Fear

- Fear of falling can cause unsteadiness and premature decline in mobility
- Good lighting, avoiding clutter and using colour contrast can improve perception and safety

## Nutrition

- Being under-weight increases the risk of fractures from a fall
- Lack of nutrition contributes to frailty and muscle weakness

## Hearing and Balance

- A loss of hearing can cause dizziness and balance problems and reduce attention to potential hazards

## Footwear and Foot Care

- Foot problems and unsuitable footwear should receive immediate attention

## Mood

- A previous fall can lead to depression and a lack of motivation, reducing mobility

## Memory

- Concentration and memory issues can lead to falls through panic and subsequent rushing
- As memory fades individuals may forget how to walk and what walking aids to use

## Review

- Has there been any episodes of acute illness?
- Are there long term conditions to consider?
- Do they have muscle wasting and thus weakness?

Medical history is important in assessing a risk of future falls

## History of Falls and Fractures

- Make a note of any previous falls recorded
- Make a note of any previous fractures sustained
- If falling more than 3 times a year consider osteoporosis screening and treatment

The risk of further fractures in those with two fractures or more is 7 times greater than those with no previous fractures

## Medication

- Have there been any changes in medication?
- Has there been a medication review within the last 3 months?
- Are residents on medication which makes them drowsy?

People on more than 4 medications are at greater risk of having a fall

## Use in conjunction with Wakefield Multi-agency Adult Level Two Falls Risk Assessment Tool Resource Pack

Produced in partnership with:

- Live Well Wakefield
- The Mid Yorkshire Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Wakefield Clinical Commissioning Group
- Wakefield Council
- Age UK Wakefield District

## Dizziness

- Has there been a loss of consciousness during a fall or near fall?
- Has any increased difficulty in remembering a recent fall been noted?
- Are there any other unexplained injuries e.g. facial abrasions, bruises and bumps?

Falls history can play an important part in identifying a transient loss of consciousness (syncope), which needs investigating

## Postural Hypotension

- Have there been any episodes of dizziness, nausea, feeling hot or weak?
- Have there been incidents where their vision has been blurred, they have felt odd, muddled or vague?
- Has there been any feeling of pressure across the back of the shoulders or neck?

Postural Hypotension can cause a fall due to blood pressure dropping when body position is changed

## Balance and Walking Transfers

- Have there been issues with unsteadiness when standing or turning or bumping into things?
- Has any limping, dragging of one leg or tripping been observed?
- Have there been difficulties with balance when reaching forward in a standing position?

Poor balance is a predictive risk factor for future falls



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A checklist to help identify potential hazards and causes of falls