

FALLS SCENARIOS



1. Mrs. A is a 78 year old farmer's wife that recently moved to your home. She has Alzheimer's and is visited by her husband often. Her medical history shows HTN, Arthritis, Alzheimer's and urinary frequency. Her medications are Lisinopril, HCTZ, and Seroquel. She has had issues of stability and falls frequently. Her husband is unable to care for her at home. She was always very well groomed and kept her home tidy. She wears glasses but not had any vision check in years. She enjoys baking and listening to country music.

RISK FACTORS	INTERVENTIONS
Hypertension	Medication/Pharmacy review – DNA testing
Arthritis	Verbal cues
Alzheimer's	B & B Program
Urinary Frequency	Needs routine similar to home
Balance issues	Involve husband in care
Recent move/environment change	Well lit room / nightlights / glow in dark toilet seat
Medication Risks – Seroquel	Cooking activities
Frequent falls and instability	Familiar items in room
Vision	PT/ST/OT/Bone density
Impaired cognition	Music & Memory
Age	Clutter free room
Routine use of diuretic	Needs vision check - Optometrist
Gait – problems standing & walking	Toilet program-check for UTI
	Root Cause Analysis for Falls
	Change times diuretic given
	Baking activity
	Hourly rounds to see her
	Make sure room is tidy & she is well groomed
	Tai chi for balance
	Hip protectors
	Assistive Device for stability
	Check shoes for correct fit
	Hearing exam

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2. Mrs. Polly is a 93 year old resident at your nursing home. She has had Alzheimer’s for years and recently lost her husband. She also has diabetes, hypertension, osteoarthritis and depression. She takes several medications for her conditions. Recently she has worsening agitation and insomnia. She was in the hospital for dehydration and treated for a UTI. Recently she was found on the floor beside her bed and her undergarments were wet. She was calling out for her husband to help her.

RISK FACTORS	INTERVENTIONS
Dehydration	Monitor input and output
Continued UTI	Follow up UA Labs
Possible Diabetic Neuropathy	Pain Assessment
Multiple Medications	Monitor blood sugar
Incontinence	Medication review
Weakness	Bowel & Bladder Assessment
Lighting and Clutter	Therapy – grip strips
Loss of husband	Assess room for trip hazards
Depression	Monitor closely
Dementia	Social Services
Osteoarthritis	Frequent redirection
Worsening Agitation	Reorient time & place within her world-create routine
Worsening Insomnia	Consider Vitamin D
Socially withdrawn	Pain control
Failure to thrive	Activities
Edema – foot ulcers	Toileting program
	Check for Orthostatic hypotension
	Check bed height – readjust if necessary
	Falling Star Program
	Anti-roll back for wheelchair pen
	Room lighting/nightlights
	Check footwear
	Call light & personal belongings within reach
	Grief therapy
	Podiatrist referral – check for foot pain
	Weekly skin assessments
	Nutrition consultation
	Referral Life Enrichment Coordinator

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3. Ms. Ester is an 85 year old female who was admitted to your home last month after a hospital stay for a respiratory illness and UTI. She was having confusion and hallucinations and placed on an antipsychotic for her behavior. Her medical history shows HTN, Diabetes, and Macular Degeneration. She takes medications for these conditions. While at the hospital she became weaker and it was recommended she try skilled rehab to see if she can get her mobility back. She has a history of a few falls at her assisted living residence. She worked as a seamstress and enjoyed sewing before vision changes made it difficult to do.

RISK FACTORS	INTERVENTIONS
History of Falls	Hip protectors
Confusion	Good lighting/nightlights
UTI	Labs/Treatment for UTI
Antipsychotic Meds	Review/reduce dose/wean off antipsychotic
Macular Degeneration	Reduce clutter/clear pathway
Weakness	Colored toilet seat
Hypertension	Vision check
Diabetes	PT/OT/ Restorative for strengthening
New environment	Check BP meds
Hallucinations	Monitor FSBS
Possible over sedation	Staff awareness – get to know her
	Hydration
	Nutrition
	Toileting plan and monitor input and output
	Medication review/Pharmacy consultation
	Sewing Activities – adapted for her vision issues
	Proper shoes and socks
	Call light in her reach at all times
	Keep all belongings in same place
	Room the way she likes it
	Check if she needs walker or wheelchair

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4. BA is an 82 year old man who is a long- time resident at your home. He was becoming weaker and has fallen many times in the last month. He is a retired teacher. His wife reported that he had some memory problems and he slept in a recliner when he was at home. His medical history shows MI, CHF; CABG X3 vessels, pacemaker, Diabetes and BPH. He takes over 10 different medications for heart, diabetes, antihypertensive, analgesics, BPH, and antiarrhythmics. His vision is blurred at times and he has not had a vision exam in a few years.

RISK FACTORS	INTERVENTIONS
Weakness	PT/OT for strengthening
History of falls in last month	Hip protectors
Memory problems	Medication review / DNA med test
Cardiac history CABG x3	Bring recliner in from home
Congestive heart failure	Frequent toileting
Diabetes	Vision check
Pacemaker	Nightlight
Prostate	Proper lighting in room
Multiple medications	Check footwear
Blurred vision	Cardiology Referral
Diminished safety awareness	Increase daily activity – possible education related
	Labs
	Educate staff
	Monitor sugars
	Evaluate for assistive device