

CALL *don't* FALL

Falls are a major cause of injury, and even death, among elderly people. Factors that contribute to falls include lengthy convalescent periods in elderly patients, higher risks of incomplete recovery and increasing physical disability.



WHO IS AT RISK FOR A FALL?

- » Those aged **65 and older**
- » Poor general health with **chronic disease**
- » A **history** of falls
- » Altered **mental status**
- » Decreased **mobility**
- » Improperly fitted **shoes** or **slippers**
- » **Incontinence, urinary frequency** or **diarrhea**
- » **Sensory deficits**, particularly visual deficits
- » **Neurological deficits**
- » **Taking drugs**, such as diuretics or strong pain medications

COMMON CAUSES OF FALLS:

Falls may be caused by environmental factors such as poor lighting, slippery throw rugs, highly waxed floor, and unfamiliar surroundings

They often result from physiological factors, such as temporary muscle paralysis, vertigo, orthostatic hypotension, central nervous system lesions, dementia, failing eyesight and decreased strength and coordination

At Adventist Health, the nurse assesses the patient upon admission and identifies those who are at risk for falls. This is done by placing:

- » A **yellow armband** around the patient's wrist
- » An **orange fall risk sticker** on the head of the bed

PREVENTING FALLS:

- » Always keep the **call light** within reach
- » Make sure a **night-light** is on before going to bed
- » Place **personal belongings** (ex: purse, wallet, books, tissue, urinal, commode, cane or walker) within easy reach
- » From a lying position, **rise slowly** to avoid possible dizziness and loss of balance
- » Keep bed in **lowest position** in order to reach the floor easier
- » Make sure the bed's **wheels are locked**
- » Wear **sturdy, well-fitted, low-heeled shoes** with non-slip soles
- » Make sure you wear **non-skid footwear**



PREVENTING WHEELCHAIR FALLS:

- » **Lock your brakes** before you get out of the wheelchair
- » If you drop something on the floor, **ask someone else** to pick it up
- » **Don't lean forward** and tip yourself over
- » Move the **footrests out of the way** so you don't trip on them

PROMOTING SAFETY IN THE HOME:

- » Secure all **carpets and floor coverings** around the edges, and tack down worn spots
- » Never use lightweight, loose **mats** or **rugs** on bare floors
- » Make sure potential hazards, such as stairs, are **well-lit**. White paint on either side of a staircase can enhance visibility
- » Install **strong banisters** along all indoor and outdoor steps
- » Use a **bedside lamp** or **low wattage night light** in the bedroom to avoid having to wander around in the dark when getting out of bed
- » Fit **secure handrails** in convenient places in the shower, bathtub and toilet. Use non-skid mats both inside and alongside every tub or shower
- » **Minimize clutter** by storing children's toys, especially those on wheels, when not in use
- » Walk carefully if a **pet**, such as a dog or cat, is present
- » **Secure wires** from electrical appliances to walls or moldings
- » Store **frequently used clothing and other items** in places where they can be reached without standing on a stool or chair
- » Reduce the risk of accidental slips and falls by selecting **well-fitting shoes with non-skid soles**, by avoiding long robes, and by wearing glasses if needed
- » Sit on the **edge of a bed** or chair for a few minutes before rising
- » Use a **walking cane**, or **walker** as required. Be sure to inspect the condition of all assistive devices prior to use.

CALL *don't* FALL PATIENT CONTRACT



A fall can result in serious injury to you. Patients most often fall because they don't think they will.

PLEASE DO NOT GET UP without calling for assistance!

- » Use your call light to **get out of bed**, so we can assist you.
- » Use your call light when you are **on the toilet and need to get up**.
- » **Do not wait until the last minute** to press the call light.

YOU ARE AT RISK OF FALLING BECAUSE:

- You are unsteady on your feet
- Your strength may be decreased
- You are in unfamiliar surroundings
- You are receiving pain medication
- You just had surgery
- You have an IV line attached to you
- You have a drainage tube attached to you
- You may be experiencing low blood pressure or a change in your heart rhythm which can make you dizzy — especially when you stand
- You might be very short of breath when standing or walking
- You have recently fallen — which puts you at risk of falling again
- You may experience some confusion due to your illness
- You may not have gotten out of bed for several hours

Patient's Signature: _____

Date: _____ / _____ / _____

Patient's Family: We ask for your help in reminding your family member to not get up without calling for assistance.

Family Member Signature: _____

Date: _____ / _____ / _____

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LLAME *no se* CAIGA CONTRATO DE PACIENTE

Una caída le puede resultar en lesiones graves. Los pacientes con más alto riesgo de caerse son que creen que no lo harán.



POR FAVOR NO SE LEVANTE sin antes llamar por asistencia!

» Use su luz de llamada para **levantarse de la cama**, y lo asistiremos.

» Use su luz de llamada cuando **este en el inodoro y necesita levantarse**.

» **No se espere asta el ultimo momento** para presionar su luz de llamada.

USTED ESTÁ EN RIESGO DE CAERSE PORQUE

- Usted está inestable cuando esta parado
- Usted puede tener disminución de fuerza
- Usted está en un ambiente no familiar
- Usted está recibiendo medicación para el dolor
- Usted acaba de tener cirugía
- Usted tiene una línea IV apegada a si mismo
- Usted tiene un tubo de drenaje conectado a si mismo
- Usted puede estar sufriendo de la presión arterial baja o un cambio en su ritmo cardíaco que puede hacerle mareado — especialmente cuando se para
- Usted podría tener dificultad para respirar cuando esté de pie o caminando
- Usted recientemente se ha caído-esto lo pone en riesgo de caer otra vez
- Usted puede tener cierta confusión debido a su enfermedad
- Usted ha estado en cama durante varias horas

Firma del paciente: _____

Fecha: ____/____/____

Familia del paciente: Le pedimos ayuda en recordar a su familiar de no levantarse sin primero llamar por asistencia.

Firma de familiar del paciente: _____

Fecha: ____/____/____