

Statistics

- Falls are the second leading cause of injury-related hospital admissions
- 40% of all nursing home admissions occur after a fall
- Estimated 90% of hip fractures are caused by falls in seniors and 20% die within a year
- A fall can lead to loss of confidence and change in activities leading to a more serious loss of function and health in the future

Are you at risk?

You have a higher risk of falling with any of the following:

- Older age
- Seizures
- Hearing or Visual impairments
- Previous falls
- Short-term memory loss
- Disorientation
- Hallucinations or Delirium
- Taking certain medications
- Intra-venous (IV) therapy

What can hospital staff do if you are at risk of falling?

- Place a “falling star” sign on the wall at the bedside and on the chart
- Complete a *Morse Falls Risk Assessment at admission, shift change & if your condition changes
- Make sure the call bell is always within reach
- Put the bed in the lowest position
- Place articles within easy reach
- Have a night light available
- Assist getting in and out of bed
- Place commode at bedside
- Request the rehabilitation staff to assess and intervene as indicated



What can you and your families do to help?

- Use cane or walker when walking
- Call for help when needed
- Wear glasses and/or hearing aids when out of bed
- Wear non-skid shoes or slipper sock when walking
- Have family at bedside
- Do more exercise such as walking
- Take all medications regularly and review medications with doctor
- Identify pain or discomfort to hospital staff
- Keep to a structured routine
- Use “safe wandering” alarms

*What is the Morse Falls Risk Assessment?

The Morse Falls Risk Assessment is used by hospital staff to create an overall score based on specific risk factors that put a patient at low, medium or high risk of falling. Low risk is indicated by one star above the bed; medium risk is two stars and high risk is three stars. This assessment will be completed upon admission, daily on day shift, if there has been a change in medical condition or medication, if the patient has been transferred to another unit or after a fall.

References

<http://www.phac-aspc.gc.ca/seniors-aines/publications/pro/injury-blessure/falls-chutes/foreword-dedicace-eng.php>