

# GUIDELINES FOR THE PREVENTION AND MANAGEMENT OF FALLS IN THE ELDERLY

## ACCIDENT & EMERGENCY DEPARTMENTS



THE ROYAL BOURNEMOUTH  
AND CHRISTCHURCH HOSPITALS  
NHS TRUST



## **INTRODUCTION TO THE FALLS GUIDELINES**

The issues around elderly people falling and their subsequent injuries have become more and more a focus of public and political attention. From being a Cinderella subject of a Cinderella specialty it is now gaining momentum and the interest of Purchasing Authorities.

It is from this background that I was approached by the Dorset Health Authority to produce an audit of elderly people falling within Dorset. A look at the available literature showed that there were few standards to audit against, and the task in hand soon became the much more challenging one of producing Guidelines for the whole County that would subsequently be audited.

Falls are most often multifactorial in their origin and the only way to deal with them satisfactorily is in a multidisciplinary, multiagency approach. With this in mind, a Steering Group was convened and the skeleton of the Guidelines produced.

These were to be simple, attractive, relative and as effective as current literature allowed.

The enormity of the task was emphasised by the Group's wish for some form of guideline to be accessible to all involved in the care of elderly people throughout Dorset. Thus, the sub-groups of Residential Care, Primary Care, Accident and Emergency and Secondary Care performed in a simmering multidisciplinary, multiagency way as the steering groups.

Patients' views were sought via the Community Health Council and, as with all clinical decisions, falls interventions and treatments should be with the full consent of the patient.

The distillate of the Group's workings was presented at a workshop in the autumn of 1999 to trial run the Guidelines with those who will be using them. The success on the day and the reception of the Guidelines reflected the hard work put into each group especially by their respective chairmen.

A full implementation programme has been developed to ensure that the Guidelines are in place in all areas in an appropriate and timely manner.

The Guidelines are summarised as an algorithm and presented with supporting information including recommended assessment tools. Decisions (diamonds and blue) and process (rectangle and yellow) guide the user appropriately through the falls preventative measures, assessment and treatment. Please see key on page 1.

These are the finished products..... for now. Guidelines must be regularly reviewed and improved through audit and the comments of those using them. We hope to produce these updates as and when indicated and needed. These will, I hope, not be the final version. The work continues.

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## **WORKING GROUP MEMBERSHIP**

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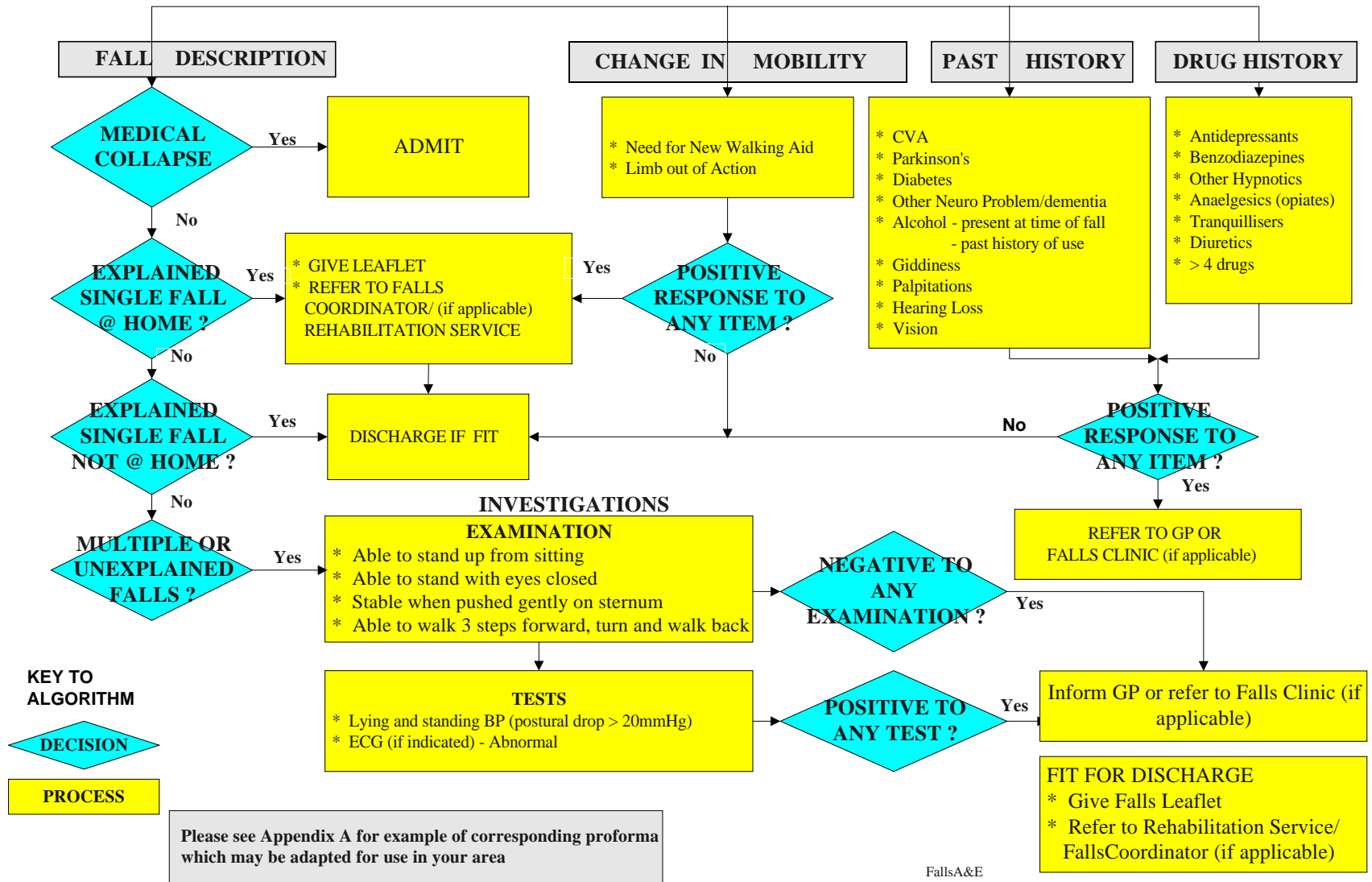
## **ACKNOWLEDGEMENTS**

These Dorset-wide Falls Guidelines were developed by the Accident and Emergency Departments' Working Group. The Group was composed of multidisciplinary representatives from Dorset's Acute and Community Hospitals. All members of the working group gave their expertise and time enthusiastically and generously, without which these guidelines would not be available today.

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- Dr Peter Overstall, Dr Jed Rowe, Consultant Physicians in Elderly Medicine and Dr John Stevens, Consultant Obstetrician and Gynaecologist and Clinical Effectiveness Lead for Poole Hospital NHS Trust for their valuable Peer Review of the Guidelines;
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## GUIDELINES FOR THE MANAGEMENT OF FALLS IN ELDERLY PATIENTS (65+) PRESENTING AT A & E DEPARTMENTS



**FALLS IN PATIENTS 65 YEARS AND OVER****Addressograph Label****Date of fall:**    /    /**Pt Telephone No.:****Other Contact Tel. No.:****Lives with ?****Accommodation:** House/Bungalow/GF Flat/UF Flat/ Rest Home/Nursing Home

Warden Y/N

**Fall Description:**

		Y	N
Medical Collapse	Admit		
Explained Single Fall @ Home (fit for discharge)	Leaflet Refer to Fall Co-ordinator (if applicable) Rehabilitation Service	----	----
Explained Single Fall not @ Home	Discharge if Fit		
Multiple Falls	Investigate (see over)		
Unexplained Falls	Investigate (see over)		

**Past History:**

	Y	N
CVA		
Parkinson's		
Diabetes		
Other Neuro Problem		
Alcohol		
Giddiness		
Palpitation		
Hearing Loss		

Any positive refer to GP or to a Falls Clinic (if applicable)

**Drug History:**

	Y	N
Antidepressants		
Benzodiazepines		
Other Hypnotics		
Anaesthetics		
Tranquillisers		
Diuretics		
> 4 Drugs		

Any positive refer to GP or to a Falls Clinic (if applicable)

**Change in Mobility:**

	Y	N
Need for a new Walking Aid		
Limb out of Action		

If positive, give leaflet and refer to Falls Clinic (if applicable)

**Investigations****1. Examination**

	Y	N
Able to stand up from sitting		
Able to stand with eyes closed		
Stable when pushed gently on sternum		
Able to walk 3 steps forward turn & walk back		

If N to any, inform GP or refer to Falls clinic (if applicable). Those patients that are fit for discharge should be given a leaflet and referred to a falls coordinator (if applicable).

**2. Tests**

		Y	N
BP Lying	Postural		
BP Standing	Drop		
ECG	Abnormal		

If Y to any, inform GP or refer to Falls Clinic (if applicable). Those patients that are fit for discharge should be given a leaflet and referred to falls co-ordinator (if applicable).

**Actions**

	Y	N
Discharged Home		
Discharged other (Specify)		
Admitted		
Referred to Falls Clinic (if applicable)		
GP Informed		
Referred to Falls Co-ordinator (if applicable)		
Referred to District Nurse		
Referred to other (Specify)		
Information leaflet given		
Patient informed regarding a phone call/visit from co-ordinator (if applicable)		
A&E notes sent to Medical Records for merging		

**Suggested action following discharge from A&E Departments**

1. All patients will be given a falls leaflet.
2. Patients referred to a falls co-ordinator will be phoned within 1 working day of discharge from A&E (if applicable).
3. Patients who had:
  - i. unexplained fall
  - ii. recurrent falls within last 12 months
  - iii. loss of confidence
  - iv. loss of function, especial in basic ADLwill be visited at home some 2 – 5 days later (if applicable).
4. Information on falls to be disseminated to all relevant staff. (GP/District Nurse/Outpatients)
5. Amalgamate A&E notes with hospital notes.
6. Consider establishing falls clinics/employing community geriatricians

## REFERENCES

## Grading of evidence in brackets

**I = evidence from well designed, randomised controlled trials (RCTs), meta analyses or systematic reviews of RCTs**

**II = Evidence from prospective studies (non-randomised controlled trials or good observational studies)**

**III = Evidence obtained from retrospective and cross-sectional studies**

**IV = Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities**

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