Health Education Thames Valley

FALLS RISK ASSESSMENT

MODULE: CORE MEDICINE: CARE OF THE ELDERLY

TARGET: F1/2 & CT1/2

BACKGROUND:

Falls are common in older people and can result in considerable morbidity.

- About 30% of people 65 years of age or older have a fall each year, increasing to 50% in people 80 years of age or older
- The risk of falling is multi-factorial, and prevention is usually based on assessing multiple risk factors
- About 5% of falls in older people who live in the community result in a fracture or hospitalization.
- Between 10% and 25% of falls in nursing homes and hospitals result in a fracture.
- The incidence of hip fractures in the UK is 86,000 per year, and 95% of these are the result of a fall. The cost to the NHS is £1.7 billion a year [National Collaborating Centre for Nursing and Supportive Care, 2004].

RELEVANT AREAS OF THE CMT CURRICULUM

Core Medicine R.3. Falls in the Elderly	
Knowledge	Recall causes of falls and risk factors for falls
	Knowledge of what's involved in the assessment of a patient with a fall and give a differential diagnosis
	Recall the relationship between falls risk and fractures
	Recall consequences of falls, such as loss of confidence
Skills	Define the significance of a fall depending on circumstances, and whether recurrent, to distinguish when further investigation is necessary
	Identify awareness of implications of falls and secondary complications of falls
	Commence appropriate treatment including pain relief
Behaviour	Recognise the psychological impact to an older person and their carer after a fall
	Contribute to the patients understanding as to the reason for their fall
	Discuss with seniors promptly and appropriately
	Relate the possible reasons for the fall and the management plan to patient and carers
	Recognise advice provided by national guidelines on head injury (e.g. NICE)
	Recognise effects of acutely confused / delirious patients on other patients and staff in the ward environment

Version 9 – May 2015
Editor: Dr Andrew Darby Smith
Original Author: Dr L Williamson

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Assessment of the patient at risk of falls

Management of patients with a falls risk

SCENE SETTING

Location: A&E Majors

Expected duration of scenario: 20 mins

Expected duration of debriefing: 40 mins

EQUIPMENT AND CONSUMABLES

A&E Clerking sheet
List of medications
Out of hours GP referral letter
Dina-Map obs machine
Tendon hammer
Result of postural blood pressure
Result of urine dip
Patient gown
Falls Risk Assessment Tool (FRAT)

PERSONNEL-IN-SCENARIO

Patient actor
CT1/2
A&E Staff Nurse (faculty)

PARTICIPANT BRIEFING

You are the Senior House Officer / Advanced nurse practitioner in A&E, and your next patient is Mrs Greta Anderton, a 73 year old woman who has been referred by the out of hours GP after having fallen at home.

See attached GP Letter:

Dr Flannigan, Dr Bedford & Dr Benson

West Park Healthcare Centre
Oxford
OX4 6BD
Tel: 01865 729549

Re: Greta Anderton

Dear Doctor,

Re: Greta Anderton
DOB: 14/10/39

Many thanks for seeing this delightful 73 year old lady, who has been troubled by an increasing frequency of falls at home. She was previously independent, however has become somewhat socially isolated over the last few months because of the falls. She fell again this afternoon, and I am concerned about the frequency of falls, as she is at home alone.

Her past medical history includes hypertension, psychotic depression, and osteoarthritis of both knees.

Her current repeat prescription is as follows: Lisinopril, bendrofluazide, doxazosin, prednisolone, mirtazepine, imipramine, solifenacin, nitrazepam, prochlorperazine, warfarin, cocodamol.

Her examination was grossly normal. BP 140/70, HR 85, Sats 97%, Temp 37.0oC.

I am unsure as to the cause of her falls, and would be most grateful for your help with her management.

Yours faithfully,

Dr J Jones
MB BS, MRCGP, DRCOG, DCH

FACULTY BRIEFING

'PATIENT ACTOR' BRIEFING

73yo, Greta Anderton, has had increased falls over the last two months with reduced mobility over the last two weeks. She has had approximately 2 falls a week. These occur particularly after standing. They are not preceded by any chest pain or breathlessness or palpitations. Her legs 'just seem to go'. She feels dizzy and unsteady when crossing the room and feels the need to hold on to something. Her GP started prochlorperazine for this which probably hasn't made a difference. She has had some urinary incontinence which didn't improve with several courses of antibiotics so GP started solifenacin (something to help your bladder muscles). She has stopped going out recently because she is afraid of falling. She has fallen again (last week, 4 days ago) and her daughter called the out of hours GP (not her usual GP) who saw her on a home visit, and has then sent her to A&E.

The fall itself – happened when she got up out of her chair whilst watching Coronation Street on the TV, to answer the door bell (her daughter was coming over to visit. She did not lose consciousness, but did feel dizzy, and felt that her legs "just seemed to go". She didn't have any chest pain or palpitations. She didn't have any changes to her vision or hearing. She did not hit her head. She fell onto her left knee and left elbow. These are bruised and sore, but not she is still able to move them, and they do not appear to be broken.

PMHx Hypertension, TIA (mini-stroke), DVT (clot in the leg) 2 years ago, PMR (polymyalgia rheumatic – sore arms and legs), Colles' fracture (broke your wrist) 3 years ago, psychotic depression, OA knees (sore knees when you've been up and about for a long while – your GP says its "wear and tear" arthritis)

DHx Lisinopril, bendrofluazide, doxazosin, prednisolone, mirtazepine, imipramine, solifenacin, nitrazepam, prochlorperazine, warfarin, cocodamol (don't worry about remembering them – you will have a list of medications that you can give the participant).

Allergic to amlodipine – ankle swelling, erythromycin – diarrhoea

Social History - Lives alone in a house. Family have bought a frame but she doesn't like to use it. No carers currently but is awaiting OT assessment. Has three children, one son lives abroad, two daughters nearby who are helping out with shopping and cleaning. Has microwaveable meals. Husband died in a nursing home two years ago with subdural haemorrhage after a fall. Was going visiting neighbours frequently until the last few weeks because too scared to leave house.

IN-SCENARIO PERSONNEL BRIEFING

A&E staff nurse – you have done the observations, including a postural (lying and standing) blood pressure reading, and have done a urine dipstix tests. You are busy with other patients, but will come in and out of the room every few minutes asking if the participant needs any help, or would like a cup of tea.

ADDITIONAL INFORMATION

On Examination:
CVS: HR 87. BP 168/72 lying, 139/60 standing. Patient is not symptomatic. HS I + II + 0. No oedema. JVP Normal
Resp: Sats 98% on air. Lungs clear.
Abdomen: ?Faecal mass LIF
Cranial nerves: ?Macular degeneration. Otherwise normal. FROEM
Neuro: Slight bradykinesia bilaterally, mild cogwheeling bilaterally. No tremor. Proximal power 4/5.
Difficulty getting out of chair without the use of arms. Timed get up and go test is 22 seconds. Slightly stooped, reduced gait speed, shuffling, increased turn time.
Pull test abnormal – startles.

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CONDUCT OF SCENARIO

INTRODUCTION

Settings if participant attaches monitoring
A: Patent
B: RR 16 sats 98% room air
C: BP 160/70, HR 85 regular
D: PERLA, BM 6.1
E: T 36.8oC

Results/Other information:

Urine dipstix: +protein
- leuc
- nitr
- blood

Postural blood pressure
Lying 168/72
Standing 139/60

Timed "get up and go" test is 22 seconds

PATIENT HISTORY

Presenting complaint
History of presenting complaint
Past medical history – see GP letter
Drug history – see patient list
Social history

EXAMINATION

Examination findings:
CVS: HR 87. BP 168/72 lying, 139/60 standing. Patient is not symptomatic. HS I + II + 0. No oedema. JVP Normal
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EXPECTED ACTIONS

- Stopping antihypertensives (Dox/Bendro first)
- Stop solifenacin. Wean imipramine.
- Wean nitrazepam (to temazepam)
- Stop prochlorperazine.
- Switch mirtazepine to SSRI.
- Stop warfarin – only need to be on 6 months
- Consideration of constipation and laxatives

EXPECTED ACTIONS & CONSEQUENCES

Start aspirin
Secondary bone protection – calcium and alendronic acid
Referral for assessment of functional needs – OT and PT

LOW DIFFICULTY

- Medical registrar phone in to scenario to ask how participant is doing – can give advice regarding management.

NORMAL DIFFICULTY

- Patient is a clear and lucid historian

HIGH DIFFICULTY

- Patient easily side-tracks with history
- Daughter enters room during scenario, and is angry about the time taken before OT referral & wait in A&E before being seen

RESOLUTION:
Patient has medical therapy rationalised
Referred for OT & PT assessment

DEBRIEFING

POINTS FOR FURTHER DISCUSSION

- Iatrogenic orthostatic hypotension
- Polypharmacy
- Iatrogenic increased falls risk: anticholinergics, benzodiazepines, opiates, prochlorperazine
- Proximal muscle weakness – PMR, OA, steroids
- Age related instability
- Increased risk of harm from falls: bleeding, fracture
- Psychological impact of falls
- Insufficient social support
- Drug-induced parkinsonism
- Incontinence – accurate diagnosis uncertain

DEBRIEFING RESOURCES

http://www.cks.nhs.uk/falls_risk_assessment

FRAT (falls risk assessment tool)
http://www.bhps.org.uk/falls/documents/FRATtool.pdf

GERIATRIC MEDICINE > SCENARIO 5

INFORMATION FOR PARTICIPANTS

KEY POINTS

Assessment of the patient at risk of falls

Management of patients with a falls risk

RELEVANCE TO THE CURRICULUM

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FURTHER RESOURCES

http://www.cks.nhs.uk/falls_risk_assessment

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http://www.bhps.org.uk/falls/documents/FRATtool.pdf

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify):	
Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?