Fall into Fall

Fall prevention in-service for Dementia clients

Lisa Reidinger LNHA,CSW,CTRS, CDP
National Council of Certified Dementia Practioners©
Falls and the elderly

- Falls are responsible for 1 in 3 deaths due to injury.
- About 40% of residents over 65 and above fall every year.
- The # of falls increase as the population increases.
- Most residents are likely to fall during the first two to three weeks after admission.
Elderly dementia residents fall for a variety of reasons:

- Cognitive
- Coordination difficulties
- Muscular weakness
- Environmental hazards
Early Stage Dementia

• Have similar risks for falls as other elders.
• Increased risk for falls when placed on medication for medical conditions.
• Increased stiffness and rigidity caused by antipsychotic medications makes it difficult to rise from a chair or walking.
• Alzheimer's patients lose coordination because they start to forget how to perform complex motor tasks like walking.
Middle Stage Dementia

- Alzheimer's patients lose coordination because they start to forget how to perform complex motor tasks like walking and basic daily living skills.
- Increased agitation puts resident at greater risk for falls.
- Start to fail to recognize unsafe situations.
- Confused residents may get up in the middle of the night, forget to turn on the lights or cannot remember where the switches are.
- Fail to recognize uneven pavement or a curb.
- May think shiny floors are wet spots.
- Residents with other medical or physical problems such as an old CVA, visual and hearing loss have a double risk for falling.
Late Stage Dementia

• This patient most prone to falls
• Forget how to walk and are uncoordinated with placement of their feet.
• At this stage can no longer follow verbal direction and have communication problems.
• Residents with gait apraxia(forgetting how to walk ) will not walk again.
• They may have normal strength in their legs but loose the ability to coordinate their trunk and legs.
Fall Prevention

• All dementia residents should be placed on a fall prevention program.
• Encourage ambulation and assist if necessary.
• Maintain physical activity as long as possible, include in range of motion programs.
• Ongoing evaluation of psychototropic medications.
• Evaluate for pain or discomfort.
• Beware of over the counter medications.
• Maintain a health diet
• Grab bars
• Non skid flooring
• Adequate lighting
• Low beds
• Merry walkers
• Hip protectors
• Proper footwear and clothing
• Alarms
Environmental factors

- De clutter rooms.
- Remove throw rugs.
- Cords
- Pets
- Maintain and assess assistive devices.
- Assess vision and make sure glasses fit correctly.
Bone replacement treatments such as estrogen replacement for women and oral calcium supplements, are indicated for dementia patients to sustain bone density.
Fall Prevention Activities

• Take a walk together.
• Simple household tasks, sweeping or raking.
• Work in a garden.
• Play music and dance.
• Break exercise into simple easy steps.
• Use props to exercise: scarves, musical instruments, light hand weights.
Falls can be prevented in the dementia resident.

• Continue to evacuate their cognitive and physical status.
• Communicate changes with medical professionals.
• Encourage physical activity and rehab.
• On going medication evaluation.
• Keep resident active as long as possible.
Resources/handouts

• [www.nia.gov/Go4Life](http://www.nia.gov/Go4Life) Free handouts and sample exercise DVD.

• [www.caregiver.com/articles/falling](http://www.caregiver.com/articles/falling)


• [www.eldergym.com/falls-in -elderly.html](http://www.eldergym.com/falls-in -elderly.html) Exercise handouts with pictures

• [www.stopfalls.org/fall](http://www.stopfalls.org/fall): prevention program
Handouts and checklists

- [link](http://www.alzheimercalgary.com/alzheimercalgary/sites/default/files/PDF/HomeSafetyChecklist.pdf)
- [link](http://www.5diamondpatientsafety.org/ModuleTools/SlipsTripsFalls/Module%20Package/STF-5.pdf)