Risk Assessment and Countermeasures of Fall in Elderly Patients

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Abstract: Objective: To investigate the risk factors of falls in elderly patients and put forward feasible measures. Methods: A total of 107 elderly patients were enrolled in our department from May 2014 to May 2015 to assess the risk factors for their fall. Results: The risk factors of falls in elderly patients were: body function degradation, disease factors, mental state change, medication, and environmental factors. Conclusion: There are many factors that lead to the fall of elderly patients, to take targeted measures can effectively prevent the occurrence of falls.

Introduction

Elderly patients with physiological function degenerative changes and activity inconvenience are more likely to fall. Accurate assessment of elderly patients during hospitalization falls risk factors to find the appropriate nursing measures for the elderly patients to create a safe environment has become an important issue in the elderly ward care work. Now in May 2014 - May 2015, our hospital in elderly patients fall risk factors and countermeasures are summarized as follows:

1. General information

From May 2014 to May 2015, we have a total of 107 elderly patients aged over 65 in our department, of whom 65-85 are 79, accounting for 73.8%, and 18 are over 18 years old, accounting for 26.2%.

2. Risk assessment of falls

2.1 Body function degradation

The elderly feel the information will be simplified, weakened, the reaction time will increase. The environment cannot change the timely changes in the appropriate action and fall. Studies have shown that both the decrease in visual acuity and the degradation of stereoscopic perception will increase the risk of the elderly by 6 times [1]. It has also been pointed out that the ankle input orientation sensation is more important in the prevention of falls than in the visual reference [2].

2.2 Disease factors

Elderly patients often due to cardiovascular disease, neurological diseases and other chronic diseases admitted to the hospital, the disease itself will cause
weakness, dizziness, combined with the hospital environ-
ment unfamiliar, treatment of stress can exacerbate
the disease, the possibility of falling accidents will in-
crease greatly.

2.3 Mental state changes

China’s population over 60 years of age the prevalence
of senile dementia was 0.75% - 4.69% [3], such patients
due to cognitive and memory loss, prone to lethargy,
blurred, abnormal orientation, etc., there are a lot of
falls hidden.

2.4 Drug safety factors

Most of the elderly need long-term use of a variety of
drugs, drug metabolism is weakened, prone to drug ac-
cumulation and adverse drug reactions [4].

2.5 Environmental factors

The safety of the elderly’s life or not by its lifestyle
and living environment factors. Studies have shown
that over the age of 65, 51% of the fall occurred with
environmental factors, these environmental factors,
including the elderly surrounding the environment is
dangerous, disorder and the elderly can adapt to the en-
vironment.

3. Response measures

3.1 Assess safety and strengthen mission

Ensure that the patient is familiar with the ward envi-
ronment, layout and facilities, and inquire about the his-
tory. According to the “falls risk factor score” to assess
the existence of the risk of falls in the elderly patients,
put forward preventive measures, easy to fall in the back
of the patient suspended warning signs, to strengthen
the anti-fall knowledge of the mission, so that patients
with anti-fall concerns and methods.

3.2 Environmental safety mainly for prevention

33% of elderly patients fall in the night, night more
common on the bathroom fell most [5]. Therefore, the
ward must be to maintain effective lighting, do not place
too much debris, bathroom and bathroom are equipped
with anti-skid mats, toilet with a handrail and call de-
vice. Ward has just dragged the wet surface should be
placed eye-catching anti-fall logo, ward corridor with
handrails to facilitate the patient walking or walking.

3.3 Drug safety cannot be ignored

Should explain in detail to the patient adverse reactions
and precautions, sleep sedation should be taken in bed
before bed, after taking no longer activities, antihyper-
tensive drugs should not be replaced immediately after
taking the position, hypoglycemic drugs must be strict-
ly in accordance with the time to take, To prevent the
occurrence of falling accidents.

References

[1] Ma Jingdong, Liu Yuxian. Risk factors for the Oc-
currence of Fractures in the Elderly [J]. Foreign Medi-
cal Social Medicine, 2011, 19 (6): 70

Progress on the Factors Related to the Fall of the El-
derly [J]. Chinese Journal of Clinical Rehabilitation,
2012, 6 (4): 1014

Publishing House 2002: 58

[4] Wang Xiaoyuan, Hao Jianling, etc. to improve the
elderly patients with oral medication safety care mea-

[5] Ma Wei. Special Care Ward Patients Fall Effect-
ive Prevention [J] Foreign Medical Nursing Volume
1997.16 (5): 20