

Falls prevention for persons with dementia



Information for family members, partners and friends who are Carers

Why persons with dementia are at risk of a fall in hospital

People with confusion have a much increased risk of falling when in hospital due to cognitive impairment, physical illness and being in unfamiliar surroundings. Any changes in environment can increase confusion and agitation, and may increase the risk of falls.

Confusion can affect the person's ability to understand and manage unfamiliar environmental hazards, such as hospital beds, toilets and bathrooms that are not the same as usual. Being attached to monitors and drips can increase this as well.

Arriving on the ward

Early on during the stay in hospital the staff will complete a checklist with you and the patient to see if they are at risk of falling.

The checklist covers:

- walking ability
- ability to get in and out of a chair/bed
- medications
- history of falls
- eyesight
- memory and thinking problems
- bladder and bowel habits.

If the patient is at risk of falls, then staff will talk to you about strategies to reduce their risk of falls and falls injury. These may include an orange falls risk sticker/sign on their bed; special lower bed; regular toileting; increased supervision; non-use of bedrails; a bed or chair alarm – to alert staff if the patient is attempting to get up by themselves.



Did you know?

- Delirium is common in older patients in hospital especially those with dementia
- Delirium can make a patient more at risk of a fall, especially if they become more confused, agitated, or unusually quiet and sleepy.
- Family members and carers may be in a much better position to notice changes in behaviour and function that can indicate delirium and increased confusion.
- It is really important to notify staff if you notice any change in 'usual' behaviour.
- Agitation, restlessness, wandering, pain, hunger, thirst, loneliness and boredom can all increase the risk of a fall.

Most falls occur around the bedside in relation to wanting to go to the toilet, especially if the person is not safe to go by themselves.



Health
Northern Sydney
Local Health District

How can you help?

Please bring in for the patient:

- well fitting, non-slip shoes or slippers;
- their usual glasses;
- their usual walking aid as requested;
- hearing aid and spare batteries;
- nightwear that is above ankle length;
- familiar objects such as pillows and photographs where they can be seen.

Please let staff know about:

- recent slips, trips or falls;
- what help is required with the toilet, shower or self-care at home;
- when the patient usually goes to the toilet at home - especially during the night;
- any assistance required with eating or drinking;
- any important daily routines the patient has;
- what tablets or other medicines the patient is taking;
- recent changes in memory or thinking - at home or in hospital;
- particular likes and dislikes;
- how restless or agitated the patient usually gets and any particular time of day or night when this is worse;
- and most importantly - hints and tips to help support and settle the patient if required.

Knowing about all these things will help staff to better plan falls prevention strategies with you and the patient.

We recognise that you know the patient best and we value your advice and suggestions to help to keep them safe.



References for further information

Clinical Excellence Commission series of Falls Fact Sheets for patients, and Carers.

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention/information-for-patients>



Carer Support NSLHD

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REACH - a Call for Medical Response

Is your family member **in hospital**? Are you worried about a deterioration in their current medical condition? Our hospitals respond to requests from family members for a "Clinical Review".

Ask the nurse to help you make a REACH call or if there is a phone by the bedside you may call 9 for our switchboard who will direct your call.

At home call 000 for an ambulance.