

OLDER ADULT FALLS Startling Statistics



1 second

An older adult falls every second of every day.



1 in 4

One in four older adults reported a fall in 2014.



#1 cause

Falls are the #1 cause of hip fractures.



More than 7 MILLION of those falls required medical treatment or restricted activity for at least a day.



More than 27,000 older adults died as a result of falls — that's 74 older adults every day.

www.cdc.gov/steady



Get more information and resources online:

healthyaging.health.ok.gov

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After the fall—

Talk About It!

A root cause analysis guide for healthcare providers

IN 2014:



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The Oklahoma State Department of Health (OSDH) is an equal opportunity employer and provider. This publication, issued by the OSDH, was authorized by Preston L. Doerflinger, Interim Commissioner of Health. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. Copies have not been printed but are available for download at www.health.ok.gov. November 2017

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10 QUESTIONS TO ASK AFTER A FALL

Stay with the person, then call for or ask someone to help. Afterwards, collect information to determine the root cause of the fall.

1. **Are you OK?**
2. **What were you trying to do just before you fell?**
3. **What was different this time?**
4. **Who was in the area when the individual fell?**
5. **Observe the position of the individual:**
 - A. **Are they near a bed, toilet, or chair? (Note the distance)**
 - B. **Are they on their back, left side, or right side?**
 - C. **Note the position of their arms and legs.**
6. **What is the surrounding area like? (Noisy, busy, dimly lit, wet, cluttered, etc.)**
 - A. **If in or near a toilet— are there contents in the toilet?**
 - B. **If near a bed— note the bed height.**
 - C. **Note the position of other nearby furniture or equipment.**

7. **What is the floor like? (Carpet, rugs, tile, mats, etc.)**
 - A. **Is the floor wet, uneven, or shiny?**
 - B. **Is there urine on the floor?**
8. **What is the person wearing? (Describe clothing and footwear)**
9. **Is the person using an assistive device? (Note the type of device— cane, walker, brace, etc.)**
10. **Does the person usually wear glasses and/or hearing aids? (Note if they were wearing these items when they fall occurred)**

ROOT CAUSE OF THIS FALL

What appears to be the initial root cause(s) of the fall?

Describe initial interventions to prevent future falls.

Review of Contributing Factors

(Check All That Apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Alarm | <input type="checkbox"/> Environmental Factors/ Items Out of Reach | <input type="checkbox"/> Medical Status/Physical Condition/Diagnoses | <input type="checkbox"/> Vital Signs Abnormal or Significant |
| <input type="checkbox"/> Amount of Assistance In Effect | <input type="checkbox"/> Environmental Noise | <input type="checkbox"/> Mood or Mental Status | <input type="checkbox"/> Last 3 hours 'Re-creation' Issue(s) |
| <input type="checkbox"/> Assistive/Protective Device | <input type="checkbox"/> Footwear | <input type="checkbox"/> Toileting Status | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Vision or Hearing | | |

Source: <http://www.empira.org/Fall Scene Investigation Report for nursing homes>

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