Quick Reference Guideline: Falls in Older People

For the management of patients in ED or EAU who present to hospital with a fall/falls. This guideline does not cover the prevention of in-patient falls.

This quick reference guide has been adapted for local use and is based on the NICE Clinical Guideline 161: assessment and prevention of falls in older people (Jul 2013)


Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year. If the answer is yes, they should be offered a basic falls assessment.

FALL(S) PRESENTING TO HOSPITAL

Serious injury or acute illness present?

YES

Treat the serious injury or illness

NO

Basic falls assessment:
• History of the fall(s)
• Check vision and spectacles
• L+S BP
• Medication review
• 12-lead ECG
• Get-up-and-go-test
• Has there been a fragility fracture?

DOCUMENT and TREAT ANY PROBLEMS

Unexplained falls, syncope and dizziness require specialist assessment (geriatric in-reach or outpatients).

if there is an abnormal gait and balance

Geriatrician-led multi-factorial falls assessment (this can be as an in-patient or an out-patient):
As above, plus –
• Physiotherapy assessment
• Review of home hazards (OT)
• AMT
• Assessment of any bladder problems
• Osteoporosis risk/treatment
• Optimisation of medical conditions causing falls
• Written information about falls

• Strength and balance training
• Home hazard intervention
• Vision advice and/or referral
• Medication review with modification/withdrawal
• Treatment of other falls-related problems (eg vestibular disorders)

A patient who is not seriously injured with no acute illness does NOT need to be admitted to hospital. Discharge (with Rapid Response if necessary) and refer anyone with recurrent falls to the falls clinic (see notes overleaf).
Quick Reference Guideline: Falls in Older People – notes

1. A ‘fall’ in an older person can occur because of an acute illness, e.g. pneumonia or acute coronary syndrome. This will be obvious after a history, examination and initial tests. If the fall was the result of an acute illness, treat this and not the fall.

2. Please note that bacteruria can be a normal finding in old age, especially in women. This will manifest as leucocytes and nitrites in the urine. Therefore do not diagnose a UTI in an older person on the basis of a through test of urine alone.

3. Older people with a serious injury should be admitted to hospital. However, if there is no acute illness and no significant injury then patients do NOT need to be admitted to hospital following a fall. They can be discharged after an assessment with the input of the Rapid Response Team if necessary, and people with recurrent falls should be referred to the falls clinic.

4. A basic falls assessment should be performed by the first doctor or advanced nurse practitioner to see the patient. Please note that falls in older people are rarely accidents (‘mechanical’) – they are due to medical problems (e.g. poor vision, abnormal gait and balance, medication). The purpose of the basic falls assessment is to identify these problems. In studies, patients attending the Emergency Department because of a fall have an average of five reasons for falling.

5. In the basic falls assessment, there are 4 important things to do: 1) checking for poor vision (e.g. undiagnosed cataracts) and bifocal use. Active older people who wear bifocals or variefocals are more likely to fall and should be advised to wear plain spectacles when walking about. 2) checking a lying and standing BP and reviewing medication. Modification/withdrawal of drugs that affect blood pressure (mainly cardiovascular and psychoactive medication) can reduce falls. 3) checking a 12-lead ECG. Many falls are in fact brief syncopal events and retrograde amnesia for loss of consciousness is extremely common. Consider investigations for syncope, especially if the patient’s gait and balance is relatively normal. 4) checking the get-up-and-go test. This means ask the patient to rise from a chair, walk 3 metres, turn around and return to the chair. A normal person will have a normal gait and balance and complete this within 10 seconds. It is vital that you watch a person who has fallen walk! (This can be assisted if necessary). If the gait and balance is abnormal, perform further examinations to find out why (e.g. Parkinsonism? peripheral neuropathy? etc).

6. A fragility fracture occurs when falling from standing height or less. In older people this usually means osteoporosis and this is important to recognise and treat. Look at the X-ray (osteopenia? lytic or other lesions?) and request a bone profile. In women aged over 75, if the X-ray and bone profile is normal then osteoporosis can be diagnosed without further tests. In other patients, a DEXA scan and/or further tests are required. Please ensure this information is passed on to the patient’s GP with a request to start appropriate treatment.

7. Refer on any patients with ‘unexplained falls’ (which could be syncope), syncope or dizziness. Refer recurrent fallers and those with an abnormal gait and balance for a geriatrician-led multi-factorial falls assessment which can be as an out-patient.

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Date:
9 September 2013

Revision date:
9 September 2015

Signed off by the Salford Healthcare Divisional Governance Committee on: [date]