

Falls prevention in hospital: a guide for patients, their families and carers

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The aim of this leaflet is to provide you with information on your care and to let you know what effective falls prevention looks like in hospital.

Please ask the doctors and nurses caring for you, regarding the information in this leaflet and to discuss what can be done to reduce your risk of falls.

Are falls preventable?

It is not always possible to prevent all falls either at home or in hospital.

There are still ways that we can work with you to reduce the likelihood of falls happening.

Research has shown that when staff such as doctors, nurses and therapists work together they can reduce falls by 20 to 30%. You and your family can also help by being aware of the risks, things you can do to help yourself, as well as talking to the people around you about falls. Raising awareness through conversation can help falls prevention.

What can I do?

The following twelve-point checklist taken from the Royal College of Physicians can be used by patients, their carers and families.

1. Tell the nurse or doctor looking after you if you have fallen in the last year, are worried about falling, or have a history of falls.
2. Use your call bell if you need help to move, in particular, if you need help going to the toilet.
3. Make sure glasses are clean and used as prescribed.
4. Ask for help if you are having trouble seeing.
5. Use your usual walking aid, keep it close by and check for wear and tear on the rubber feet.

6. Never lean on hospital furniture as it's often on wheels.
7. When getting up:
 - > sit upright for a few moments on the edge of your bed before standing
 - > get up slowly and making sure you feel steady before walking.
8. Do some simple leg exercises before getting up from your bed or chair:
 - > point your toes and release a few times
 - > tighten the muscles in your calves and then release them
 - > move your legs up and down if you can, to get the circulation going.If you feel dizzy – stop, sit down and let the ward staff know.
9. Drink regularly and eat well.
10. Be familiar with your bedside environment. Ask for clutter to be moved if your path isn't clear.
11. Make sure your shoes or slippers fit well, grip well and cannot fall off.
12. Take care in the bathroom and toilet. Ask for help if you need assistance. It is also important to make sure that you receive a falls risk assessment (ask the nurse looking after you about this).

How can family and carers help?

Your family, friends, or carers can also help reduce your risk of falls. Below are some of the ways they can help:

Tell the ward staff

- > if you think your relative/friend is at risk of falling and why you think this

> if your relative/friend:

- ~ has had one or more falls in the last year
- ~ has experienced feeling dizzy, confused or not their usual self (could this be delirium?)
- ~ has dementia or any other condition which may affect their judgement and ability to understand their risk
- ~ has a vision impairment and whether glasses are needed

> of anything you see that may cause a slip or trip hazard.

Before visitors (family, friends or carers) leave

- > Check around the bed space – is the area clear of obstacles? If not please alert the nursing team.
- > Make sure the patient's personal items e.g. call bell, drink, walking aid and glasses are within reach.
- > Ensure visiting family and friends take any belongings that aren't needed with them.

What to look out for

What can be done on the ward to help prevent a fall?

There are many small things that we can all do to help keep patients safe from falling, these include:

Call bells should always be within easy reach of every patient. If you cannot move safely without help, you **must** use your call bell to ask for assistance. Remember "Call don't fall".

Patients benefit from having their **vision assessed** – this could be a simple test, like reading a newspaper at a distance.

If you can't see where you're going, avoiding trip hazards and obstacles will be more difficult. Even in those who wear glasses, vision should still be considered as your glasses may not be correct.

Patients should have their **medications reviewed** as early as possible during their admission and amended if appropriate. Some medications – or combinations of medications can cause dizziness, increasing the chances of a fall. A doctor or a pharmacist can sometimes adjust the medications to make these side effects less likely.

Patients who need **walking aids** should have them in reach. If a walking aid is needed to allow you to walk safely, you must have it before you start walking.

Patients should have their lying and standing **blood pressure** measured. Some people experience a drop in blood pressure when they stand up. This can make them dizzy and cause them to faint. If the nurses and doctors treating you are aware that you get dizzy when you stand up, they may be able to work with you to prevent this from happening.

Tests should be made to check for **dementia** or **delirium (confusion)**. These tests will help your treating team to tailor your care plan in a more individualised way, to keep you safe.

Dementia is a syndrome that causes memory loss and difficulties with daily life.

Delirium is a state of confusion which can develop while in hospital.

If you're experiencing any symptoms like this and you're having trouble remembering things, the unfamiliar hospital environment can be difficult. Patients who have dementia or delirium need special care to maintain their safety throughout their stay in hospital.

Further recommendations to reduce the risk of experiencing a fall:

Patients who have **continence** issues should have a continence care plan. If you have difficulties with bladder control, there needs to be a plan in place to help you move regularly and safely to the toilet.

Safe footwear should be worn, that is appropriate to the care situation. This may include well fitted shoes or slippers with gripping soles, alternatively you may be provided with non-slip socks to wear, which will help you move safely while in hospital.

Bedside spaces should be clear from clutter and hazards. Keeping the space around your bed and the route to the nearest toilet free from clutter makes it easier to move around safely.

Assessments

Whilst in hospital all patients will be assessed for their risk of falling, helping identify individual patient risk factors. This is called a multifactorial falls risk assessment and looks at different things that can increase the risk of falling.

Once you have been assessed to see if any risk factors apply to you, staff can alter your care accordingly to reduce the risks. We encourage patients, carers/family members to be involved in this process. Interventions may include (but are not limited to):

Bed rails

Bed rails can be useful for some patients, you may see these in use during your stay in hospital. They are not beneficial to everyone as they may create a barrier to independence and can be a risk factor if used incorrectly. Your nursing team will know what is the recommendation for you and they welcome any questions you may have about this.

Increased supervision

Following the multifactorial falls risk assessment, it may be felt that additional supervision is required to help maintain patient safety. You may hear this referred to as Enhanced Care, your nursing team can give you more information on this should you need it.

Preventing falls in hospital is a job for all staff. At ULHT we feel it is important that all hospital teams and managers encourage all staff to take an interest in trying to prevent falls.

United Lincolnshire Hospitals NHS Trust has worked with AccessAble to create detailed Access Guides to facilities, wards and departments at our sites.

www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust

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