Caring for the Older Adult at Risk for Falling Teaching Strategy

Overview of Teaching Strategy

The Centers for Medicare and Medicaid Services lists “Falls” as a never event, non-reimbursable when occurring in hospital settings. Older adults are among the patients at greatest risks for complications related to falls. Falls have been reported to be the second leading cause of unintentional injury and disability in older adults worldwide (Ireland et al, 2013). Older adults can become anxious at the thought of a fall, lose confidence, and fear longer hospitalization. However, many older adults feel a loss of independence due to the strict fall prevention guidelines implemented in health care settings. With this in mind, how can nurses weigh risks and benefits when implementing fall prevention practices that allow for older adults to feel secure and demonstrate autonomy in their own care? This teaching strategy will guide faculty to teach nursing students how to use sound nursing judgment when weighing the risks and benefits of preventing falls in older adults. This teaching strategy can be utilized in a variety of teaching/learning situations: didactic lectures; clinical settings such as post-clinical conference/debriefings; simulation scenario debriefings; or small seminar discussions. In addition, the teaching strategy can be used with practicing nurses as a professional development activity, as well as when orienting new graduate nurses.

Learning Objectives

Students will:
- Assess the older adult’s individualized pattern and functional status using standardized fall prevention assessment tools.
- Describe the complexities involved in making care decisions for older adults.
- Discuss the importance and strategies for weighing risks versus benefits when caring for older adults.
- Develop an understanding of integrating the RN’s concerns with ethics, policy, and judgment while respecting the older adult’s strengths, wishes and expectations.

Getting Started

This teaching strategy focuses on assessing expectations, coordinating and managing care, and making situational decisions with older adults. The strategy enhances the student’s human flourishing and nursing judgment.

1. Provide the learners with the ACES framework and discuss communication techniques when assessing function and expectations in older adults.

2. Using the ACE.S framework, ask the learners to discuss a situation where they were unsure how to balance the expectations of the patient with the institution’s protocol and safety guidelines related to falls precautions when caring for the older adult.

Teaching Strategies
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3. Play the following video link. This activity can take place in lecture, seminar, or in pre or post conference for clinical, if internet access is available.

   - View the video

4. Present the case study under the "Materials" section of the teaching strategy to the group to begin a discussion. This activity can take place in lecture, seminar, or in pre or post conference for clinical.

5. Discussion Questions: Use the following to facilitate a discussion with your students related to the video and case study presented:

   - What are your concerns? What is the cause of the concern?
   - What else do you need to know about this situation?
   - What are you going to do about it?
   - What do you think the patient is experiencing?
   - Consider the possible outcomes of implementing falls precautions or not. What are the risks and benefits to the patient? To the nurse?

Materials

- Video on Fall Prevention

- Discussion Questions located below under “Getting Started”.

- Case Study:

Mrs. Smith is a 72-year-old woman residing in an assisted living facility who complains of intermittent, daily episodes of dizziness, usually while arising from bed. The episodes last several hours and diminish in the early afternoon. She notes that the room spins and the feeling is exacerbated by turning her head. Past medical history is significant for myocardial infarction, mild heart failure, atrial fibrillation, and hypothyroidism. Medications include atenolol 100 mg daily, verapamil 180 mg daily, furosemide 20 mg daily, levothyroxine 0.1 mg daily, coumadin 5 mg daily, and docusate 100 mg daily. She told her doctor about the dizziness, and was prescribed meclizine 25 mg 3 times a day as needed, with only minor relief. Mrs. Smith takes her meals in the dining room but often skips breakfast for fear of falling on her way. She is worried about going to her niece's home for a family party next week. The nurses working with Mrs. Smith have implemented strict falls precautions due to her dizziness and have set rules around when she can leave her room as well as when she can walk. Mrs. Smith is anxious and fearful and is concerned about her quality of life.

Adapted from Comprehensive Management of Dizziness in Elderly Clients by Sandra M. Nettina, MSN, RN, CS, ANP. Retrieved from Topics in Advanced Practice Nursing eJournal. 2001;1(1) Full article can be accessed at http://www.medscape.com/viewarticle/408404_1
Suggested Reading


Assessment Tools

ConsultGeri.org, the website of the Hartford Institute for Geriatric Nursing at New York University's College of Nursing, contains many evidence-based assessment tools. Located on the ConsultGeri website is a variety of assessment tools on topics relevant to the care of older adults. The How to Try This series is comprised of articles and videos demonstrating the use of the Try This:® series. How to Try This articles and videos are listed under their respective Try This article. Those listed below can be used to assess, evaluate, and discuss the needs of older adults with students. Visit ConsultGeri.org to access the Try This® and How to Try This resources.

- Fall Risk Assessment
- Assessment of Fear of Falling in Older Adults: The Falls Efficacy Scale
- Assessment of Fatigue in Older Adults: The FACIT Fatigue Scale
- Katz Index of Independence in Activities of Daily Living (ADL)
- The Lawton Instrumental Activities of Daily Living (IADL) Scale
- Reducing Functional Decline in Older Adults During Hospitalization: A Best Practice Approach

Author Information

Tamika Curry, MSN, RN
Community College of Philadelphia
Philadelphia, PA