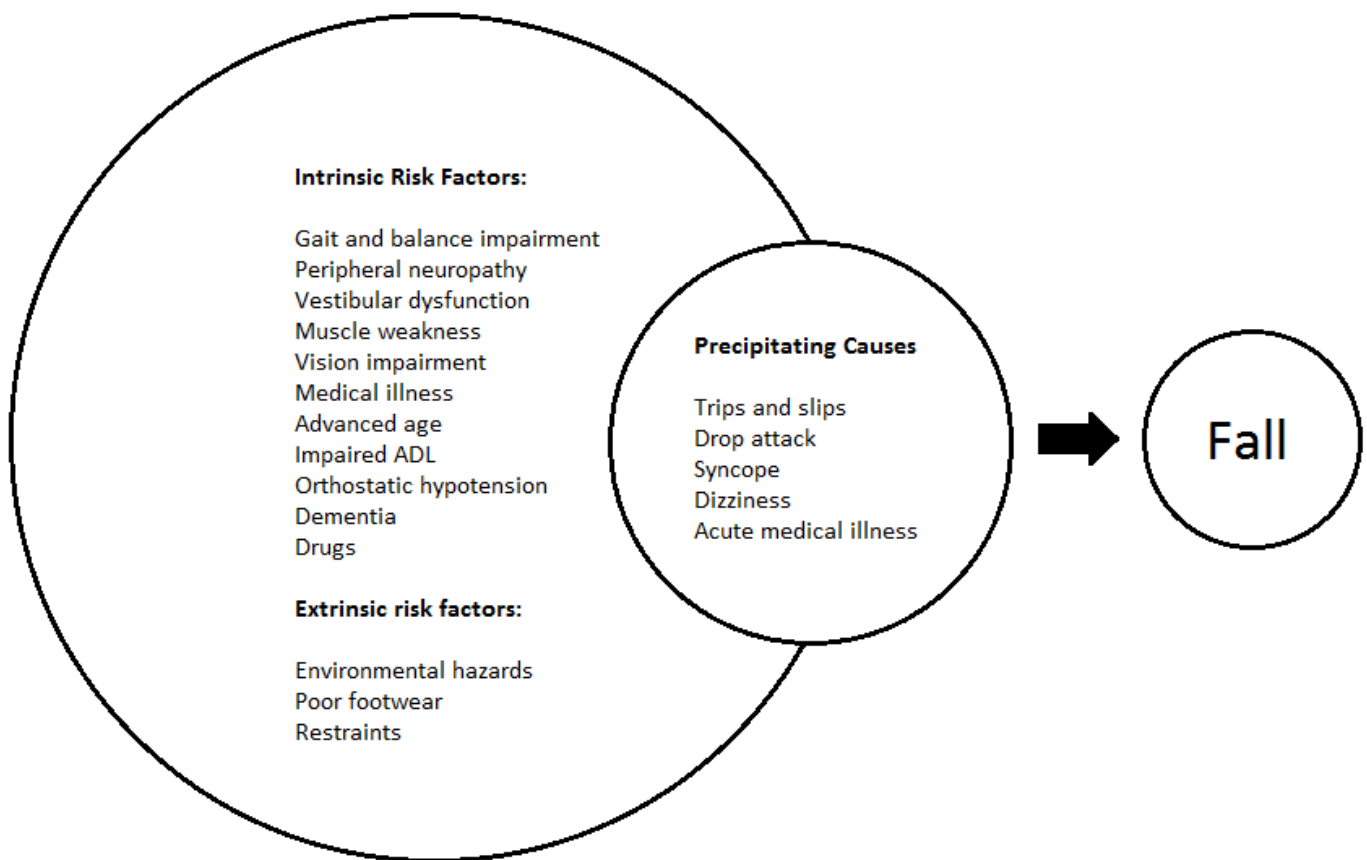


Falls are a major cause of disability and mortality and are a financial burden to the NHS. Roughly one in three people over the age of 65 and one in two over the age of 80 fall at least once per year. Fear of falling can restrict activities and cause social isolation and depression.

Falls can result in serious injuries but also may be a symptom of serious underlying pathology – always consider what caused the fall.

Risk Factors and Causes of Fall



The Falls History

Events

- What was the patient doing?
- How did the fall happen?
- Was there loss of consciousness?
- Were injuries obtained?
- How long on the floor?
- How did they get up?

Preceding Symptoms

- Presyncope
- Chest pain
- Palpitations
- Shortness of breath
- Weakness
- Vertigo
- Recent illness eg fever

Background Information

- Previous falls and causes
- Past medical history
- Drug history
- Recent changes to drugs
- Alcohol
- Baseline mobility
- Package of care
- Who do they live with?

Examination

A patient who has fallen requires a thorough examination to determine the cause of the fall and identify injuries.

Some important or easily forgotten steps in the examination include:

- Gait examination in all patients.
- Proprioception & Romberg's test in those who are unsteady on their feet.
- Ocular examination in those with deteriorating eyesight (for example ?cataracts)
- PR examination for blood/melaena in those with orthostatic hypotension or anaemia.
- Examine for pressure sores following a long lie.

Emergency Department Investigations

Investigations will vary depending on the history.

Minimum Investigations

- ECG.
- BM.
- Lying and standing blood pressure.

Other Investigations

- FBC, U&E, LFT, CRP – if the history suggests an acute illness.
- CK – if there has been a long lie on the floor.
- Troponin – if the history or ECG suggests possible MI.
- Urinalysis & CXR – if new confusion, fever, signs of infection.
- CT head – if the history suggests stroke, SAH or head injury.

Management

If mobility, illness or injury prevents discharge then treat appropriately and admit.

Falls are likely to be multifactorial and at least in part due to chronic problems. It is therefore difficult to comprehensively address the underlying issues in ED. It is advisable that the patient is seen in a specialist falls clinic if they are deemed at risk of further falls.

Advice on Discharge

Consider altering medication (or advise the GP to review medication).
Wear suitable shoes/slippers.
Remove trip hazards.
Keep walking aids within reach.
Consider an eye test.

Community Falls Prevention Programme

This service provides a home visit within 5 days to investigate causes of falls, offer advice and refer on to other services.

You can refer if:

- Age >65.
- There has been 1 or more fall within the last year.
- The patient lives at home.
- The patient agrees to the referral.

Call the Fall Administration Centre: 0141 427 8311