PATIENT FALLS: AN OVERVIEW

Fall Prevention
Once considered an accident or a part of normal aging process, we now know that falls are by no means accidental or normal. Balance and walking require complex interactions of cognition, senses, neurological and muscular systems. As persons age, these systems undergo changes that predispose them to increased risks for falls and fall injuries. Thus, falls are rarely the result of a single risk factor, and prevention involves intrinsic and environmental risk factors. Hospitalization places most patients at higher risk for falls because of the complex interaction of vulnerability, impairment and environment. Acute illness, surgery, immobility, treatments, medications, and an unfamiliar environment are some of the common contributing risk factors.

Fall rates
Among older adults, falls are the leading cause of injury deaths. The rates of fall-related deaths among older adults rose significantly over the past decade (Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC). Falls are also the most common cause of nonfatal injuries and hospital admissions for trauma (CDC 2005). In 2005, 15,800 people 65 and older died from injuries related to unintentional falls; about 1.8 million people 65 and older were treated in emergency departments for nonfatal injuries from falls, and more than 433,000 of these patients were hospitalized (Injury Surveillance Program, Bureau of Health Information, Statistics, Research, and Evaluation, 2007).

Impact of falls
The negative outcomes of falls are significant. Twenty percent to 30% of people who fall suffer moderate to severe injuries, which impact their ability to ambulate and maintain activities of daily living. Even those not injured may develop a fear of falling and thus limit their activities, which in turn may lead to decreased mobility and function, resulting in increased risk of falling. Decreased mobility also leads to imbalance, loss of postural reflexes, skin breakdown, and multiple problems for older adults. Falls are the sixth leading cause of death for older adults and contribute to early death. Hip fractures are one of the serious consequences of falls. Hip fractures are a contributing factor in 40% of nursing home admissions. Recurrent falls are a common reason for admission of previously independent older persons to long-term care facilities. Falls are the most common cause of traumatic brain injury (TBI) and accounted for 46% of fatal falls among older adults (Jager, Weiss, Cohen, & Pepe, 2000). In addition to the physical and psychological outcomes of falls, the medical costs are significant, $0.2 billion ($179 million) for fatal falls and $19 billion for nonfatal fall injuries (Stevens, Corso, Finkelstein, & Miller, 2006).
REFERENCES


