



NHS

**South Western
Ambulance Service**
NHS Foundation Trust



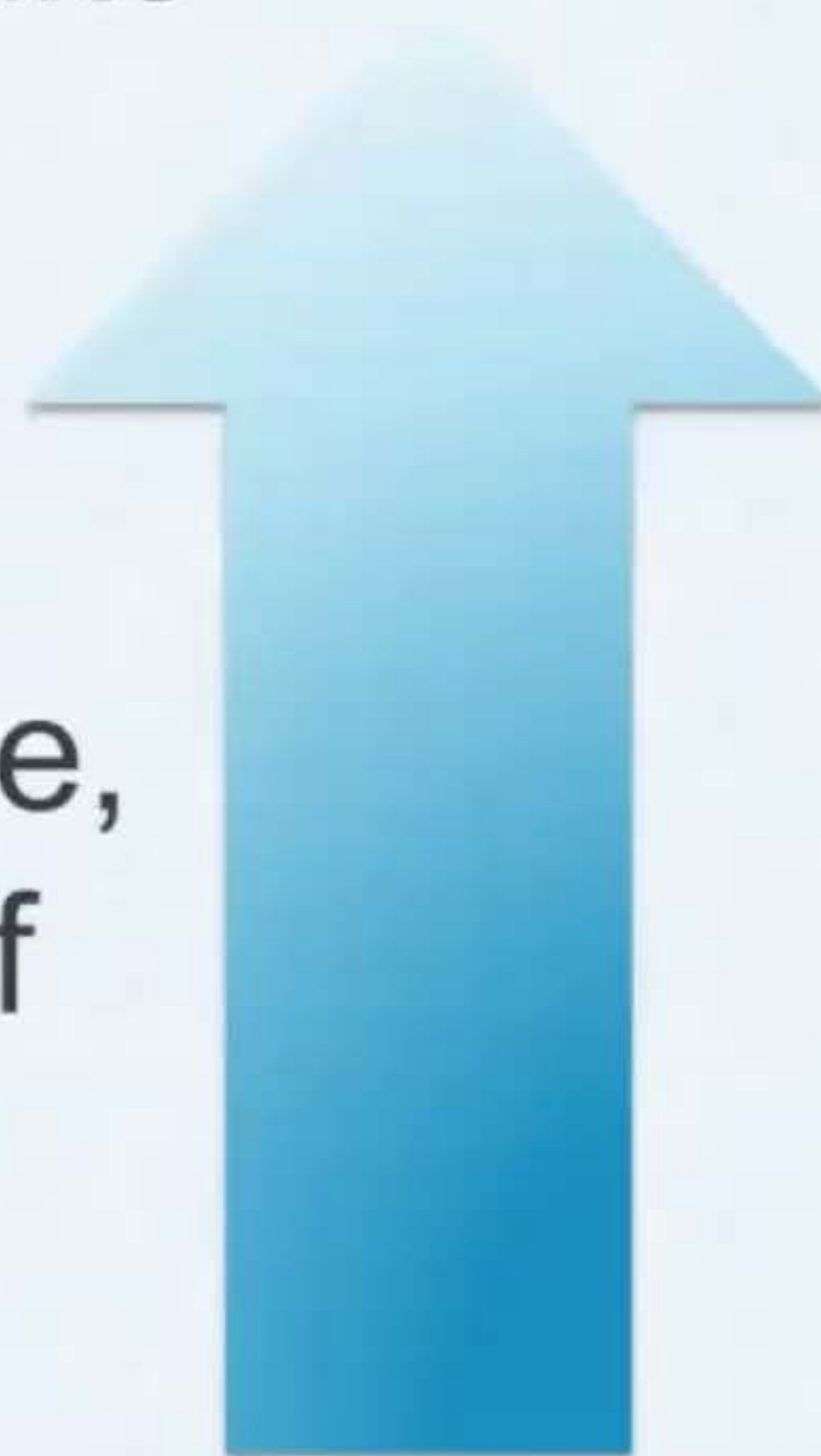
Falls

Louise Balson
Falls and Frailty Clinical Lead



Over 25% of adults
aged 65 and
over fall
each year^[2].

After falling once,
their chance of
falling again
doubles^[3]





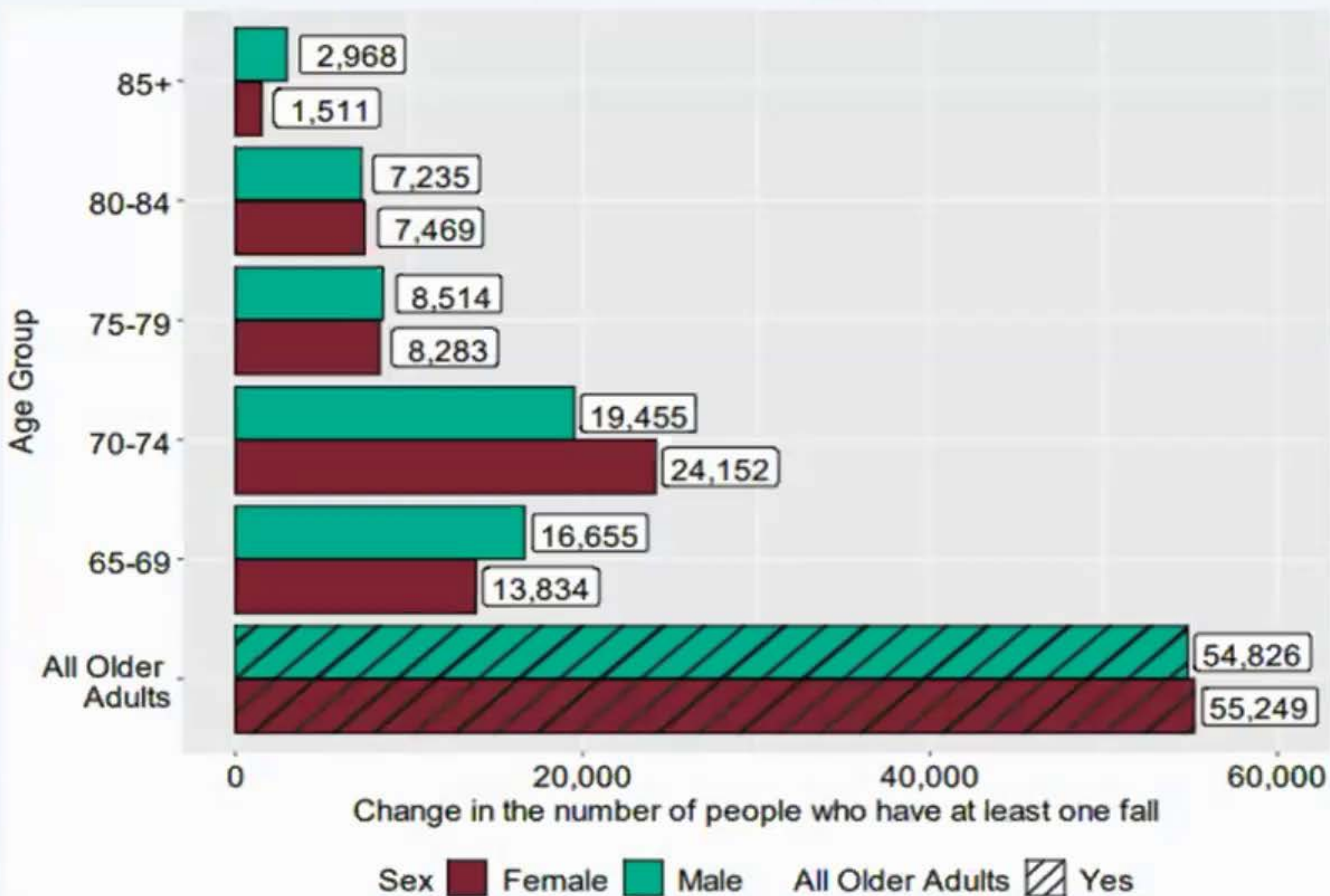
Falls are the
main cause of
injury, injury-related
disability, and death
in older people^[4]



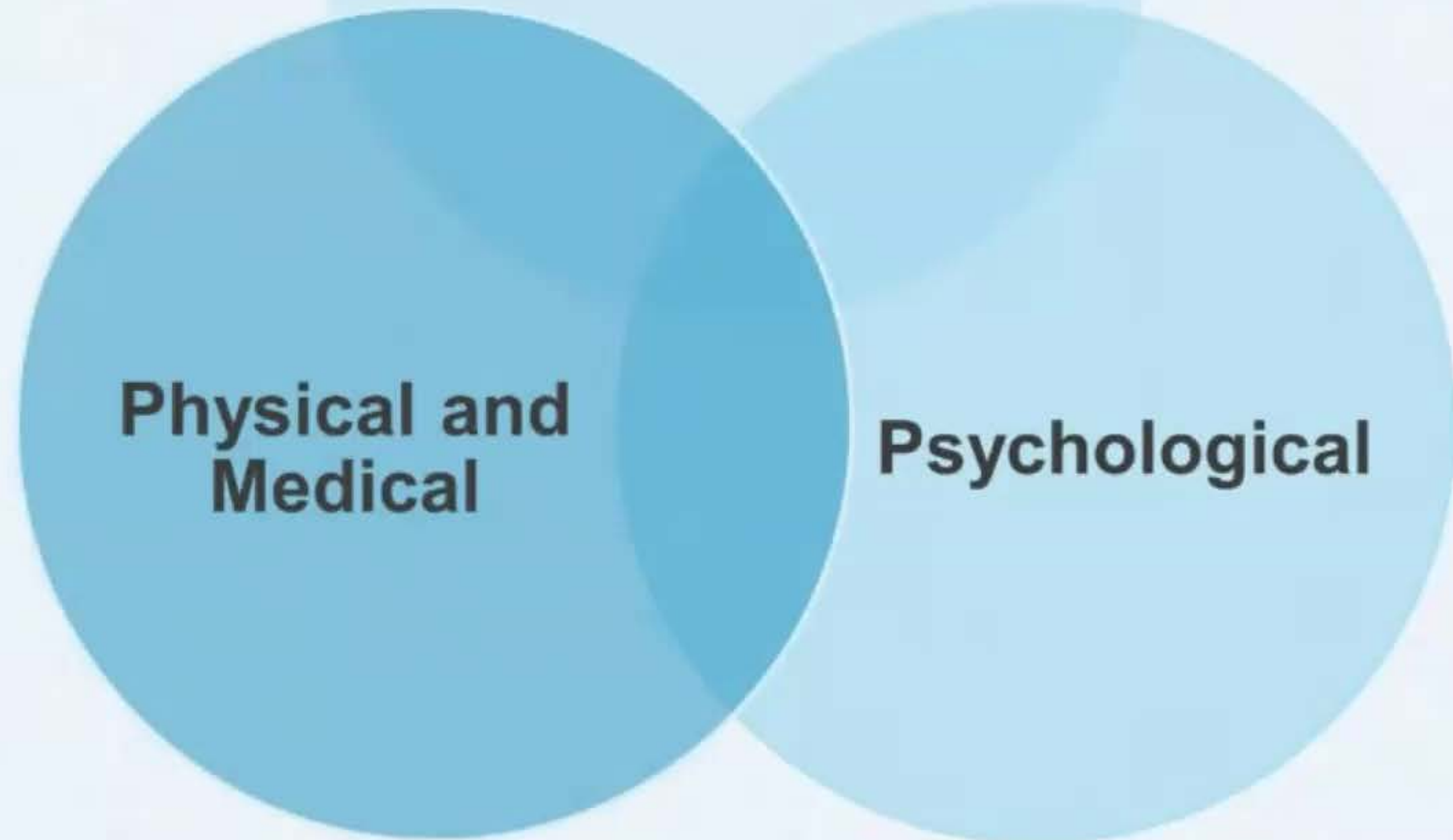
The forth most common reason for requesting an ambulance relates to those who have had a ***non-injury*** fall^[7]



Estimated Increase in Falls due to the COVID-19 Pandemic^[5]



The Human Cost of Falling



Social

**Physical and
Medical**

Psychological

Social Implications Following a Fall



Changes to routines



Loss of social contact



Financial implications



Decreased quality of life



Move into/need for care

Psychological Effects from Falling



Fear



Loss of confidence



Loss of independence



Anxiety or depression



Guilt or shame

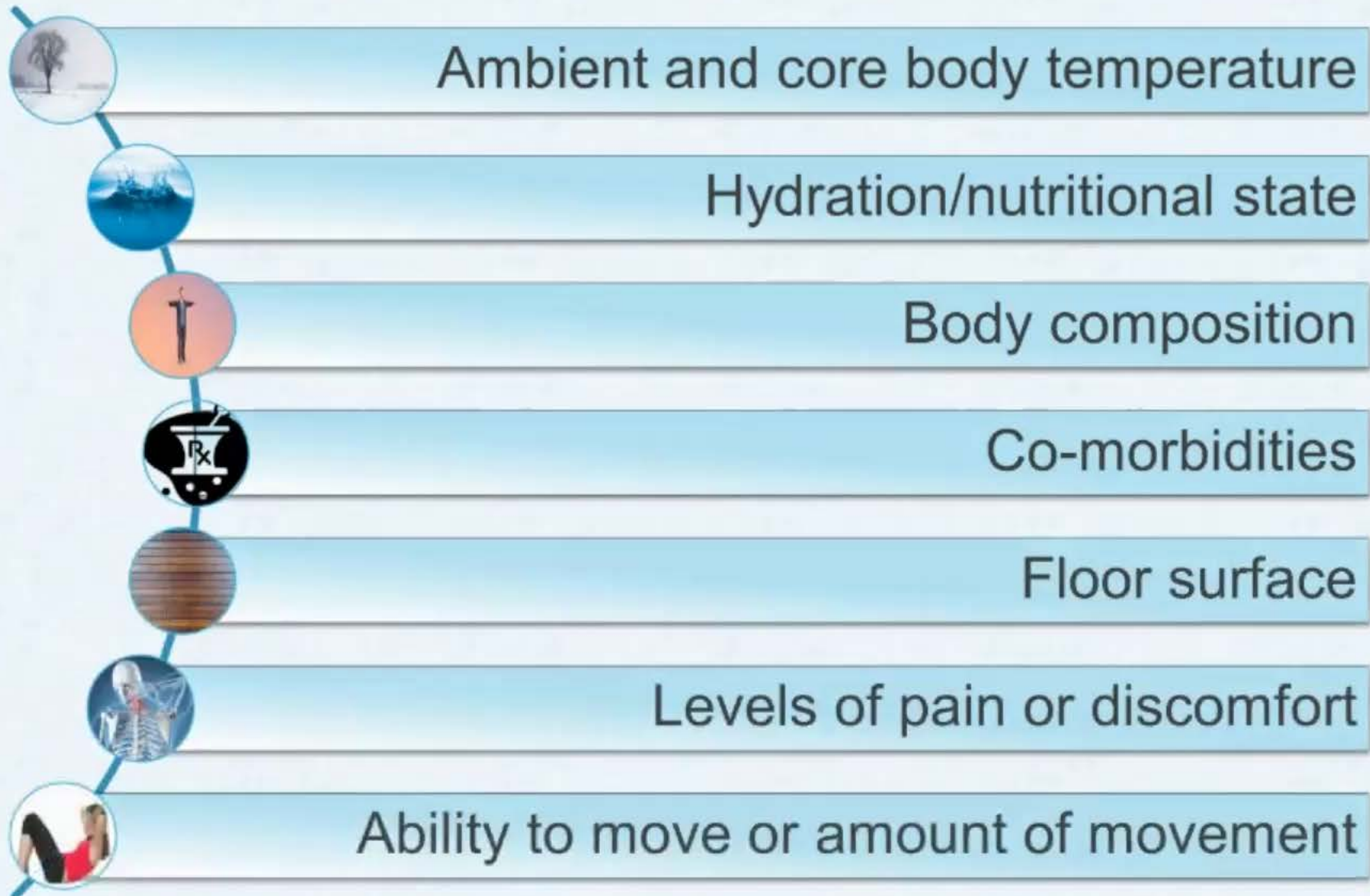


Anger

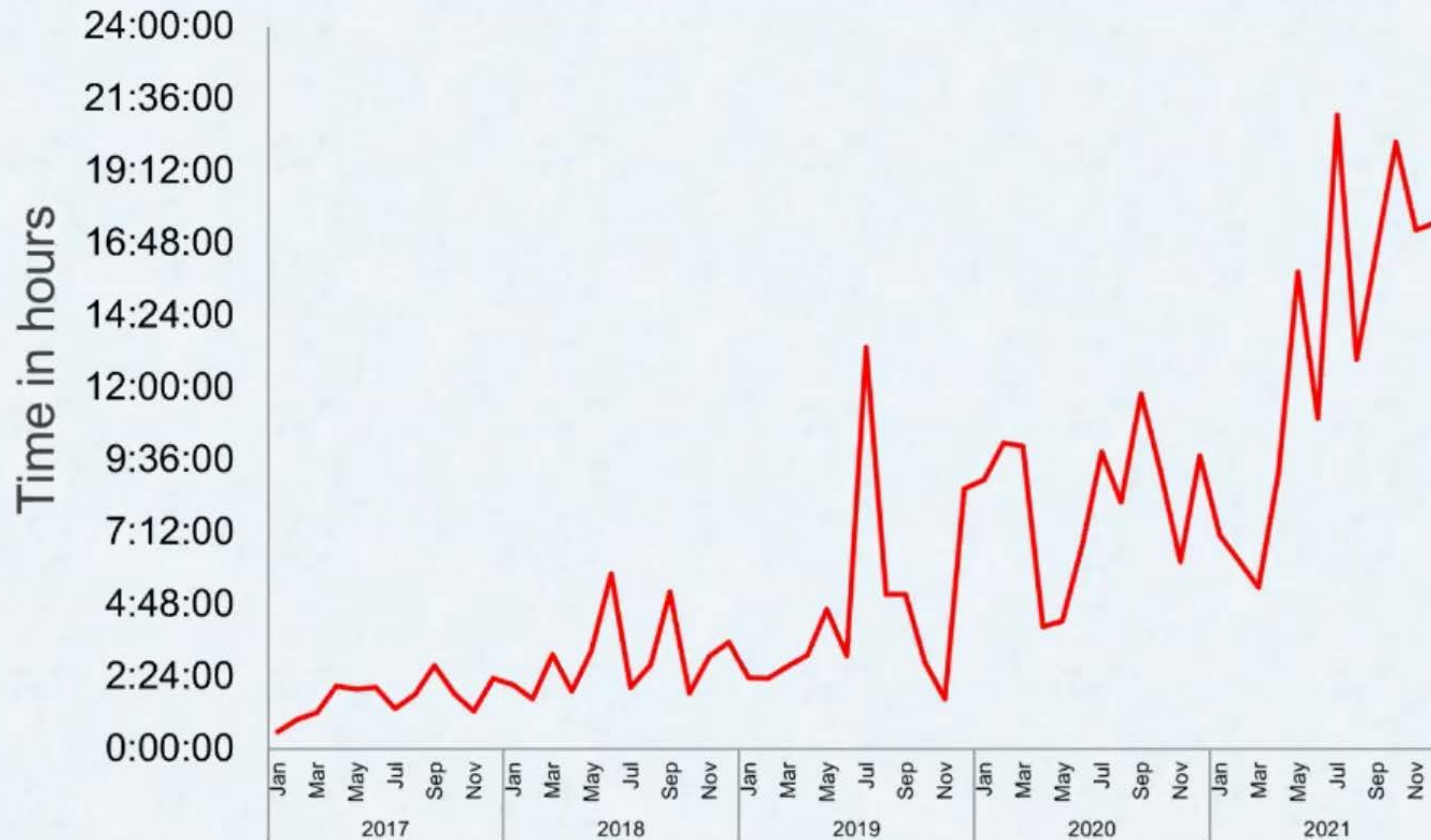


A Long Lie

The term 'long lie' is commonly used to describe anyone who has been on the floor or ground for a sustained period and has been unable to get up.^[7]



Maximum Wait Time for Non-Injury Falls



Effect on See & Treat and See & Convey





“Lying on the floor for a long time was strongly associated with serious injuries, admission to hospital, and subsequent moves into long term care” [8]



Managers of care and nursing homes should ensure their staff:



Know when to call an ambulance



Understand how to access advice and support



Are trained to take observations



Have manual handling training and equipment



Have 24/7 access to a computer

Welcome to South Western Ambulance Service

Home / welcome / Health Care Professionals / Nursing, Residential home and Care providers / Falls

Patient handover

End of life care

Falls

Nursing, Residential home and Care providers

Patient handover

End of life care

Falls

Falls

The incidence of falls-related injury places a huge burden on the health service and has wider ramifications for the quality of life of those who have suffered as a result. Of those over 65 years, one in three will suffer a fall, with this rising to one in two of those over 85 years. Fractures are common and may lead to reduced mobility and increasing mortality with falls associated deaths as high as 14,000 per year in the UK. Of equal importance is the subsequent fear of falling, which can cause a reduction in mobility, social isolation and a greatly reduced quality of life.

Capturing patients who have fallen for the first time allows us to refer patients to the developing falls teams who can provide a range of supportive measures to prevent the patient from falling in the future. Falls are common in older people. Around 30% of people aged 65 years of age or older have a fall each year. This increases to 50% in people of 80 years or older. By minimising the risk of falls, we can minimise the likelihood of fractures in the future.

A number of risk factors have been identified which increase the risk of falling:

- Conditions which affect mobility or balance such as arthritis, stroke, Parkinson's, heart failure or irregular heart rhythms
- Visual impairment
- Cognitive impairment
- Urinary incontinence
- Excessive consumption of alcohol
- Frailty
- Taking more than four medications
- Other medications such as sleeping tablets and anti-depressants
- Drugs that can cause lowering of blood pressure

However, the strongest risk factor for a fall is a previous fall. It is therefore vital that all non injury falls are reviewed and that the patient's GP is aware so that effective referral to the relevant falls prevention services can be made.

- Preventing falls
- Post-falls assessment
- **Post-falls guidance pack for care providers**
- Minimal lifting policy
- General advice for care providers

Post Falls
Guidance for Care
Providers



South Western Ambulance Charity

The South Western Ambulance Charity, founded in 1995, uses gifted monies to benefit those in our communities who use our service and to improve the welfare of the staff and volunteers of the South Western Ambulance Service NHS Foundation Trust.

Our charitable support covers Cornwall and the Isles of Scilly, Devon, Dorset, Gloucestershire, Somerset and Wiltshire including Bristol and Swindon.

If you would like to show your appreciation for the care that you or your loved one has received from us in the form of a charitable donation please visit our online giving website. Donate to South Western Ambulance Charity | Give as you Live Donate



Post Falls Decision Making Tool

GREEN – NON-INJURY AND NO SYMPTOMS

- Conscious and responding as usual
- No apparent injury, bruising or wounds
- No head injury
- No new pain or discomfort (verbal or non-verbal)
- Able to move limbs on command or spontaneously
- No sign of limb deformity, shortening or rotation

Action for carer

1. Assist off the floor to a comfortable position.
2. Observe patient for a minimum of 24 hours for pain or any changes in condition.*
3. Document all findings.

AMBER – MINOR INJURY OR SYMPTOMS

- New bruising or wounds
- Mild discomfort
- Isolated injury to upper limb
- No apparent injuries but patient taking anti-coagulants/blood thinning medication
- New loss of memory leading up to or after the fall
- New dizziness or vomiting
- Any other concerns by carer

Action for carer

1. Administer first aid as required.
2. Assist off the floor.
3. Contact GP in hours or NHS 111 out of hours for advice and follow up.
4. Observe patient for a minimum of 24 hours for new or worsening pain or any changes in their condition.*
5. Document all findings.

RED – MAJOR INJURY OR SYMPTOMS

- Reduced level or loss of consciousness
- Any seizure activity
- Repeated vomiting following the fall
- Swelling or bruising around eyes or behind an ear
- Blood or clear fluid coming from an ear
- Airway or breathing problems
- Severe or uncontrolled bleeding
- New onset of chest pain
- New lower limb deformity or swelling
- New neck or back pain
- New immobility
- New, unresolved numbness to a limb
- A fall from a height over 3 feet/0.9 metres or 5 or more stairs/steps
- FAST positive
- Suspected drug or alcohol intoxication

Action for carer

1. Do not lift the patient.
2. Call 999 for an ambulance.
3. Make patient comfortable and, where possible, encourage minimal, regular positional changes to improve comfort and circulation.
4. Administer first aid as required.
5. Document actions.





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Take home
message

Thank you so much for your time.



For any future questions, please email
me at louise.balson@swast.nhs.uk