Royal College of Physicians

NHS England

CareFall

Junior doctors' workbook

Before you start your e-learning package…

Reflection 1:
Think about your most recent experience with a patient who had fallen. Reflect on the presentation of the fall, causes considered, actions taken by you or others, and the outcome.

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(Why not put this reflection in your e-portfolio as well, to keep a record of your progress?)

How would you define a fall?

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Now start the introduction section of the e-learning package…

Compare the definition of a fall given in the e-learning package to the one that you have written above. Do they differ?

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Now complete the patient risk factor section of the e-learning package…

Once you have completed the patient risk factor section, take a look at the scenario below…

Scenario 1:
Mr Evans is an 81-year-old gentleman, admitted yesterday via the emergency department. He was found on the floor by his carers at 8am. He recalls getting up from his chair to go to bed, and then waking on the floor and being unable to get up. Mr Evans was last admitted to hospital 6 months prior to this, and on his discharge summary the diagnosis was written as 'mechanical fall'. Mr Evans has a past medical history of benign prostatic hyperplasia (BPH), hypertension, atrial fibrillation (AF), previous myocardial infarction (MI), dementia, osteoarthritis in his hips and type 2 diabetes mellitus. He lives alone and has care calls three times a day, with extra support from his family. He mobilises with a walking frame.

Prescription:

DRUG	**DOSE**	**FREQUENCY**	**TIME**
Bendroflumethiazide	2.5 mg	OD	8am
Furosemide	40 mg	OD	8am
Finasteride	5 mg	OD	8am
Bisoprolol	2.5 mg	OD	8am
Warfarin	Variable dose	OD	6pm
Simvastatin	20 mg	ON	10pm
Paracetamol	1 g	QDS	8am / 12pm / 4pm / 10pm
Codeine	30–60 mg	QDS	8am / 12pm / 4pm / 10pm
Senna	2 tablets	ON	10pm
Ramipril	5 mg	OD	8am
Aspirin (dispersible)	75 mg	OD	8am
Adcal-D_3	1 tablet	OD	8am
Omeprazole	20 mg	OD	8am
Fortisip (banana)	200 ml	TDS	Mealtimes
GTN spray	2 sprays	PRN	
Zopiclone	7.5 mg	ON	10pm

From the above script, please identify:

a Which of the above medications can precipitate a fall?

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b By what mechanism(s) do these medications precipitate a fall?

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c Which medication would you discontinue?

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d Which medication would you consider changing on discharge?

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e What alternatives could you use?

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f What other potential causes for the fall can you identify in the history?

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g The cause of the previous admission was classified as ‘mechanical fall’. This is never a suitable diagnosis – always look for causative factors. Given all the information above, what would have been a more appropriate diagnosis?

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Before you complete the 'after a fall' module of the e-learning package, take a look at the scenario below…

Scenario 2:
You are on ward cover overnight. You are called by a nurse on a general medical ward, as a patient has had an unwitnessed fall. Mrs Anderson is 89 years old and was admitted with pneumonia 4 days ago. She was found on the floor by nursing staff, and she reports pain in the right leg. The nurse would like you to come and review Mrs Anderson, and also asks for instructions on what the staff should do while they await your arrival. The patient is still on the floor.

a What instructions are you going to give the nurse over the telephone?

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b When you arrive on the ward, what will your initial assessment involve?

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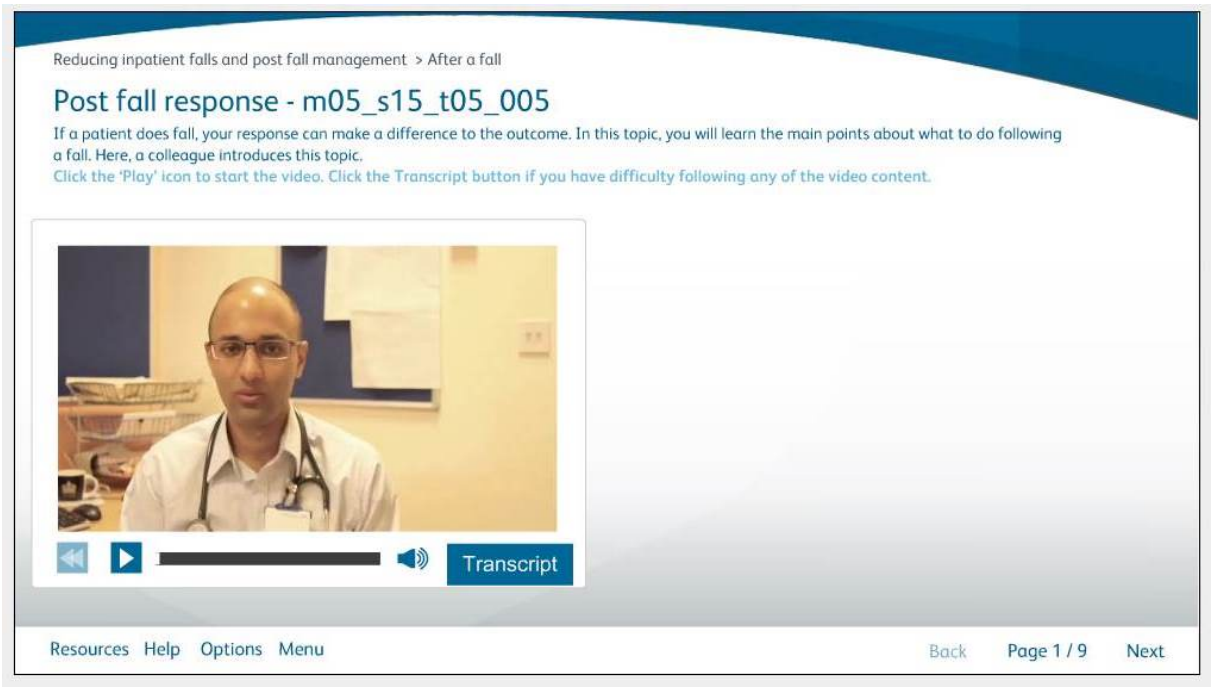
Now complete the 'after a fall' module of the e-learning package…



c You notice a 3 cm laceration on the left forehead. How would you move the patient from the floor to the bed?

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d The patient is now on the bed. How are you going to examine them further?

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e You identify the following positive examination findings:

- crackles on auscultation of the right lung base
- Glasgow coma score (GCS) 13/15 (E4 V4 M5)
- right leg appears shortened and externally rotated
- unable to actively flex the right hip
- 3 cm laceration on the left forehead.

f What is the next appropriate action?

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Falls prevention:
A holistic approach is necessary to prevent falls. This involves a multidisciplinary team (MDT) approach, including:

- medical staff: manage acute presentation and remove precipitating factors
- nursing staff: discuss outcome of falls risk assessment and components of individualised multifactorial care plan – items may include falls history, vision, delirium assessment, urinary problems, foot health and safe footwear, and assessment for orthostatic hypotension
- physiotherapists: ensure optimised mobility and provide walking aids
- occupational therapists: assess activities of daily living (ADL) abilities, optimise home environment and provide further equipment.

It is everyone's responsibility to prevent inpatient falls.

Now that you have completed the e-learning package, take a minute to go onto your ward and assess a bay for any hazards and precipitants that may cause your patients to fall. Make a list below:

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Bearing these in mind, what can you do **personally** to reduce the risk of falls in hospital?

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Reflection 2:
Revisit the most recent inpatient fall that you were involved with, mentioned in reflection 1 at the start of this workbook. What would you have done differently now that you have completed the e-learning package?

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CareFall

Reducing inpatient fall risks and post-fall management

An e-learning course for doctors, focusing on post-fall management and reducing inpatient fall risks.

Aimed primarily at foundation-level year 1 and year 2 doctors based in acute hospitals, it follows on from the success of the e-learning course developed for hospital ward-based nurses as part of the FallSafe project.*

CareFall covers the knowledge needed to identify and reduce patient and environmental risk factors, such as medication-related and cardiovascular causes, to assist with reducing inpatient falls.

Foundation-level trainees are often the first doctors to see a patient after a fall, so the e-learning course also covers safe, proficient and professional management of a patient who falls in hospital.

*FallSafe was a 2-year quality improvement project in which ward-based nurses implemented a fall prevention care bundle.

For more information

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www.rcplondon.ac.uk/projects/fallsafe

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