

When it comes to fall prevention, treatment decisions matter

By Elizabeth Vera-Bolanos

A patient's vulnerability to fall during treatment is strongly associated with personal characteristics, such as age, cognitive impairment, and medical conditions¹. But, what treatment characteristics increase the risk of patient falls?


After adjusting for age, length of stay and medication use were both related to patient falls.

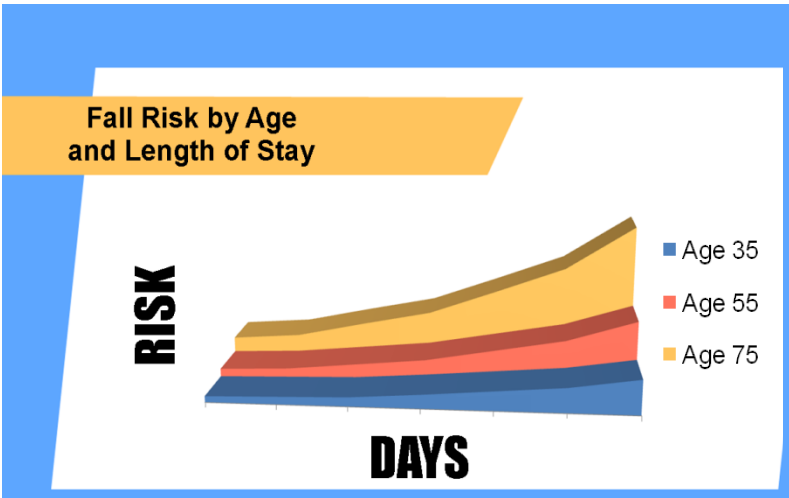
Avoiding Patient Falls

Key Factors

TYPES OF MEDICATION

LENGTH OF STAY





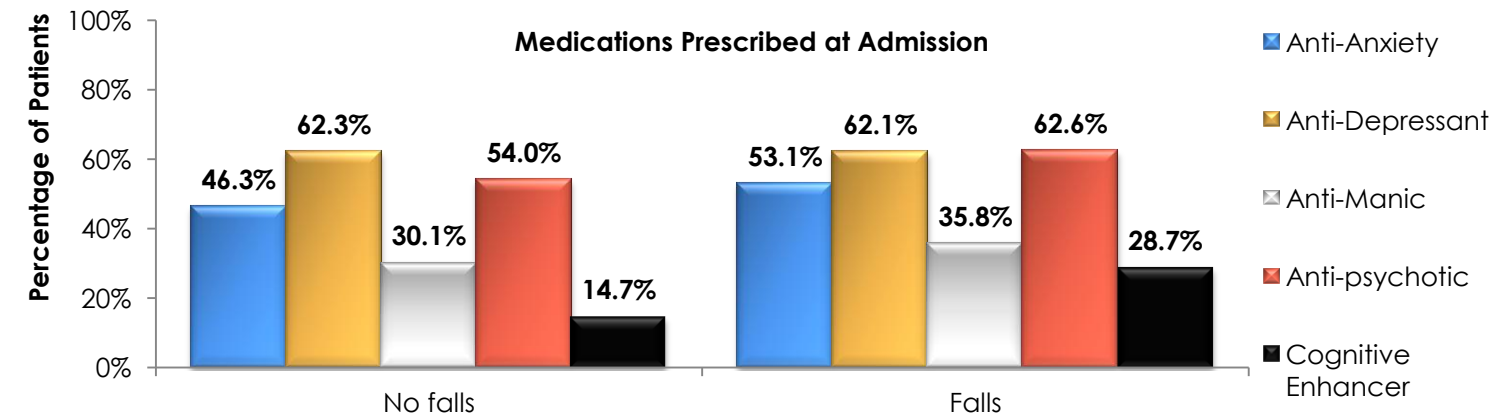
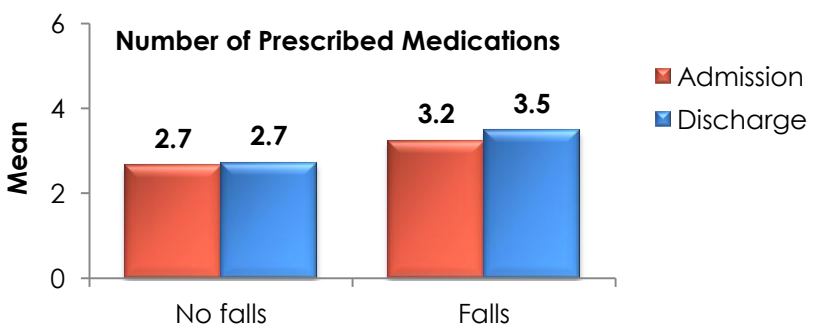
Patients who fell had remained longer in treatment compared to patients who did not fall. **Each day spent in treatment increased the risk of falling.** A longer length of stay provides more opportunities to fall and prolongs exposure to environmental hazards.

A higher number of medications and types of medication prescribed at admission and discharge were associated with an increase in the risk of falling. Patients who fell were prescribed more medications than patients who did not fall; in particular, anti-manic and anti-psychotic medications. **Anti-psychotic medication use**

increased fall risk by 46% and anti-manic medication use increased fall risk by 56%.

Psychotropic medications typically have side effects (e.g., extrapyramidal) that make patients more susceptible to falling.

While a patient may arrive with an existing, inherent vulnerability to falling, treatment options are adaptable to meet a patient's need. Treatment decisions can significantly reduce patient falls.



¹ Patient Safety Tip of the Week. (2013). Falls on Inpatient Psychiatry. Retrieved from Patient Safety Solutions Website.