Elderly Faller

Reason for this Guideline

In the past Emergency Departments assessed patients who had fallen merely to see whether they had suffered an injury because of the fall, and to see if they had a any condition that required immediate admission. Patients with injury received appropriate trauma management, while those without any trauma were admitted or discharged on the merits of their condition. What was not undertaken was the assessment and management of the cause of the fall. There is now clear evidence that a proactive approach to falls in the elderly can make a major difference to future falls' prevention. This guideline is designed to ensure that both immediate management and falls assessment occur, and to make sure that those patients who are discharged from the Emergency department are linked to falls services where appropriate.

When to use this Guideline

This guideline should be used in all patients over 65 years of age who have fallen.

How to use this Guideline

The first step in this guideline is to draw a distinction between those patients with a clear reason to fall (ie those who have slipped or tripped) and those who have fallen for no discernible reason. The criteria are historical – patients with no history of unconsciousness, a clear (believable) cause and a clear recollection of impact are deemed to have slipped or tripped. These patients have minimal investigation, and are managed according to the severity of their resulting injuries only. This may, of course, require admission for management, but more often than not requires treatment in the Emergency Department and discharge afterwards. Patients who have fallen without a clear reason still need trauma management if they have significant injury. Those without significant injury need medical assessment to ascertain whether they require medical (or other) referral. A proportion of both these groups will subsequently be admitted. Those that are not brought into hospital should be assessed using the falls-5 questionnaire to decide whether they should be followed up from a falls perspective. A short period on the CDU may be required. Patients at the highest risk should be referred to the Falls Clinic, while those at lower (but significant) risk will be followed up in the community after referral to the Central Elderly Resources Team.

Guideline FAQs

What is an elderly faller?

A patient aged 65 years or more who presents after a fall.

Which patients should this guideline be used for?

This guideline should be used for all patients aged 65 years or more who have attended after a fall. They may have injury or illness.

Do I have to refer patients who are admitted to the wards to the falls service?

No. This is the responsibility of the inpatient team.

How do I make referrals to the falls clinic or CERT?

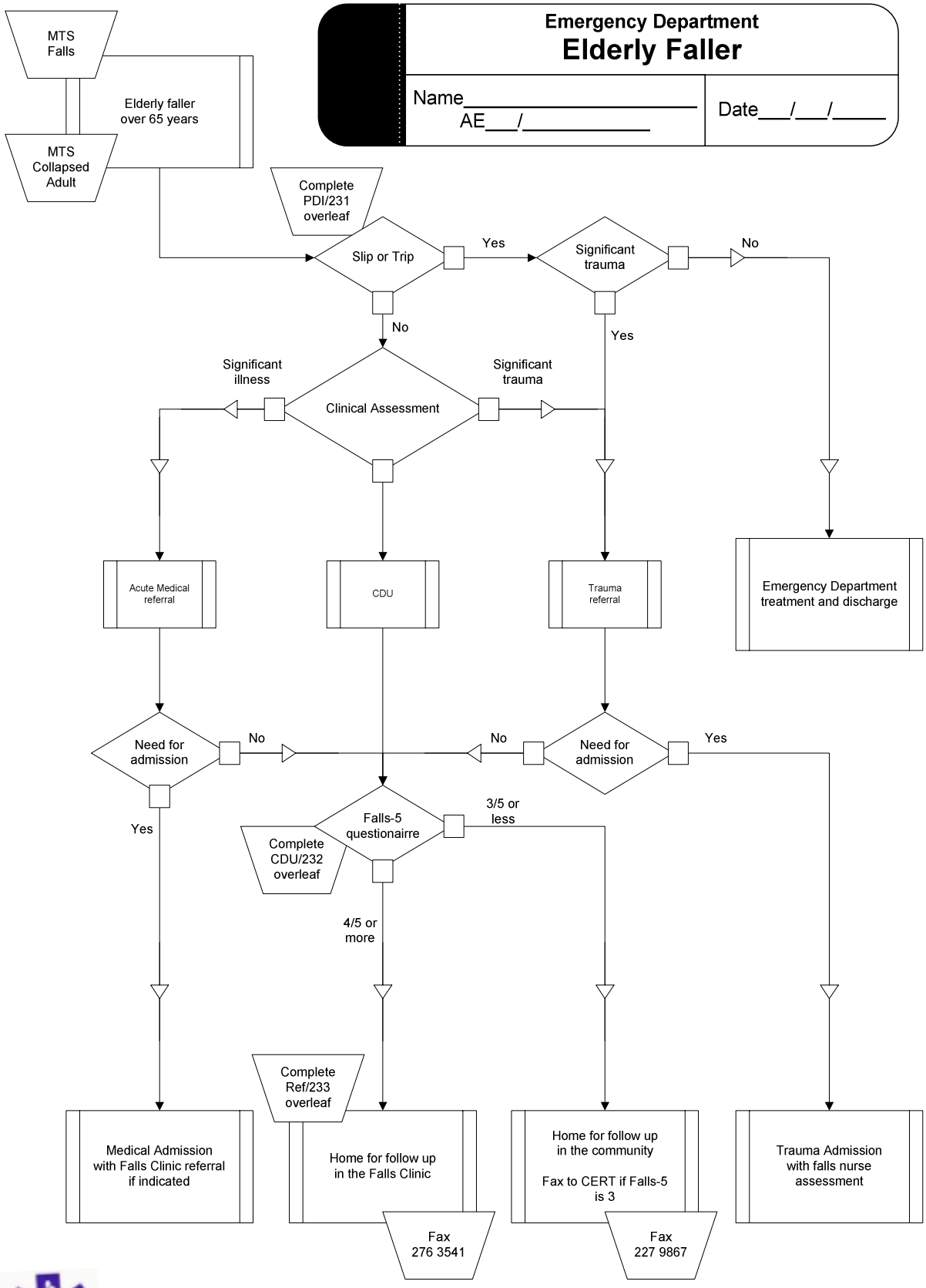
Fax the notes and a referral to the number noted on the protocol.

What do I do if the patient is not resident in Central Manchester?

You may be able to refer to a falls service local to the patient. If you cannot then ensure you write a letter to the GP with a clear recommendation for a falls referral.

Special points of interest:

- A clear distinction should be drawn between patients who have slipped or tripped and those with no clear and believable explanation for their fall
- Patients without injury may need admission to investigate or manage the underlying cause of their fall
- All patients with unexplained falls should be assessed for appropriate falls service follow-up


Emergency Department
Elderly Faller
Name_____
AE___/_____
Date___/___/_____
MTS Falls
MTS Collapsed Adult
Elderly faller over 65 years
Complete PDI/231 overleaf
Slip or Trip
Yes
Significant trauma
No
No
Yes
Significant illness
Clinical Assessment
Significant trauma
Acute Medical referral
CDU
Trauma referral
Emergency Department treatment and discharge
Need for admission
No
No
Need for admission
Yes
Yes
Falls-5 questionairre
3/5 or less
Complete CDU/232 overleaf
4/5 or more
Complete Ref/233 overleaf
Medical Admission with Falls Clinic referral if indicated
Home for follow up in the Falls Clinic
Fax 276 3541
Home for follow up in the community
Fax to CERT if Falls-5 is 3
Fax 227 9867
Trauma Admission with falls nurse assessment

PDI/231: SLIP or TRIP (ALL YES set 1, ANY NO set 2)

No history of unconsciousness	Yes
Clear history of cause	Yes
Clear recollection of impact	Yes

Set 1: T, P, R, S_aO_2, Glucose, Hb, ECG

Set 2: T, P, R, S_aO_2, FBC, U&E, Glucose, ECG, CXR

CDU/232: FALLS-5 QUESTIONAIRRE

Is there a history of any fall in the last year?	Yes
Is the patient on more than 4 medications a day?	Yes
Does the patient have Parkinsons' or have they had a stroke?	Yes
Does the patient report any problems with their balance?	Yes
Is the patient unable to rise from a chair of knee height?	Yes

4/5 or more	Falls Clinic referral
3/5	Central Elderly Resource Team (CERT) referral

Ref/233: Falls Clinic referral approved	

Evidence Base

This guideline is based primarily on the following sources:

Consensus of senior clinicians based on the evidence

There are 3 relevant Cochrane reviews:

Hip protectors for preventing hip fractures in the elderly. MJ Parker, LD Gillespie, WJ Gillespie

Interventions for preventing falls in elderly people. LD Gillespie, WJ Gillespie, MC Robertson, SE Lamb, RG Cumming, BH Rowe

Population-based interventions for the prevention of fall-related injuries in older people. R McClure, C Turner, N Peel, A Spinks, E Eakin, K Hughes

Additional reviews (BestBETs) have been undertaken as follows:

BB 774. Normal Temerature in the elderly http://www.bestbets.org/cgi-bin/bets.pl?record=00774

Additional sources of interest include:

CG21 Falls: The assessment and prevention of falls in older people - NICE guideline. http://www.nice.org.uk/pdf/CG021NICEguideline.pdf

Close J, Ellis M, Hooper R, Glucksman E, Jackson S, Swift C. Prevention of falls in the elderly trial (PROFET): a randomised controlled trial Lancet 1999;353:93-7

Nice guidance is extant / pending / **NOT CURRENTLY PLANNED**

Disclaimer

This guideline has been developed by clinicians and its content has been reviewed by the Clinical Effectiveness Committee of the British Association for Emergency Medicine. Guidelines cannot always contain all the information necessary for determining appropriate care and cannot address all individual situations, therefore individuals using these guidelines must ensure they have the appropriate knowledge and skills to enable interpretation. Guidelines can never substitute for sound clinical judgement. This guideline may not reflect changes in clinical practice that have occurred since it was last reviewed.