

Stopping Elderly Accidents, Deaths & Injuries (STEADI) Tool Kit

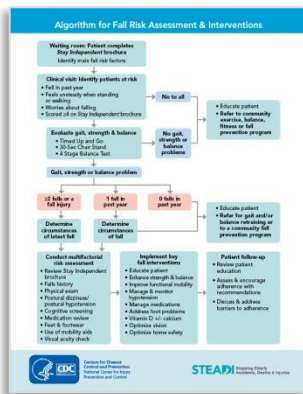
A Fall Prevention Resource for Health Care Providers

STEADI Tool Kit

The STEADI tool kit is a suite of materials created by CDC's Injury Center for health care providers. STEADI materials can be used to assess, treat, and refer older adult patients based on their fall risk. Educational materials specifically designed for older adults and their friends and family are also included.

All STEADI tool kit materials can be downloaded by visiting www.cdc.gov/injury/STEADI.

Provider Resources



Algorithm

Flow chart for fall risk assessment and interventions

Preventing Falls in Older Patients
 Provider Pocket Guide

Key Facts about Falls:
 - 1/3 of older adults (age 65+) fall each year.
 - Many patients who have fallen do not talk about it.

This is What You Can Do:
RITUAL:
 - Review self-assessment brochure
 - Identify risk factors
 - Test gait & balance
 - Undertake multifactorial assessment
 - Apply interventions
 - Later, follow-up

STEADI Stopping Elderly Accidents, Deaths & Injuries

Pocket Guide

Fall Prevention algorithm and prevention

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

Instructions to the patient:
 When you say "Go," want you to:
 1. Stand up from the chair
 2. Walk to the line on the floor at your normal pace
 3. Turn
 4. Walk back to the chair at your normal pace
 5. Sit down again

On the word "Go" begin timing.
 Stop timing after patient has sat back down and record.

Time: _____ seconds

An older adult who takes >12 seconds to complete the TUG is at high risk for falling.

Observe the patient's postural stability, gait, stride length, and sway.

Circle all that apply: Slow tentative pace • Loss of balance • Short strides • Little or no arm swing • Steady wobble or wobble • Shuffling • Inconsistent or not using assistive device properly

Notes:

For relevant articles, go to www.cdc.gov/injury/STEADI

Assessments

Directions for conducting gait, strength and balance assessments.

Fall Risk Checklist

Patient: _____ Date: _____ Time: _____ AM/PM

Fall Risk Factor Identified	Fallen (Past 12 Months)	Notes
Falls history	Yes <input type="checkbox"/> No <input type="checkbox"/>	When did you fall? How many times? What were you doing? Were you wearing shoes? Were you wearing a hat? Were you wearing a backpack? Were you wearing a bag? Were you wearing a purse? Were you wearing a briefcase? Were you wearing a suitcase? Were you wearing a bag? Were you wearing a purse? Were you wearing a briefcase? Were you wearing a suitcase?
Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any medications, including OTC (e.g., Aspirin, Ibuprofen, Tylenol, PMD, Sulfonamides, Anticoagulants, Sedatives, Antidepressants, Antipsychotics, Anticholinergics, Antihistamines, Antidiarrheals, Antifungals, Antiparasitics, Antivirals, Anticoagulants, Antidepressants, Antipsychotics, Anticholinergics, Antihistamines, Antidiarrheals, Antifungals, Antiparasitics, Antivirals)
Timed Up and Go (TUG) Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	>12 seconds
30-Second Chair Stand Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	More than 10 times
4-Step Balance Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full tandem stance >10 seconds
Vision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Acuity <20/40 OR no eye exam in >1 year
Postural Hypotension	Yes <input type="checkbox"/> No <input type="checkbox"/>	A decrease in systolic BP >20 mm Hg or a diastolic bp of <10 mm Hg in right/uphead/arms or distance from lying to standing?
Other Risk Factors (Specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

For relevant articles, go to www.cdc.gov/injury/STEADI

Checklist

A summary checklist for fall risk factors

Falls are a Major Threat for Your Patients

- One-third of people 65 and older fall each year.
- Less than half of the Medicare beneficiaries who fall in the previous year talked to their healthcare provider about it.
- Every 29 minutes an older adult dies from a fall.
- 1 out of 5 falls causes a serious injury such as a head trauma or fracture.
- Over 2 million older adults are treated in emergency departments for recurrent fall injuries each year.
- Direct medical costs for fall injuries total over \$20 billion annually. Hospital costs account for two-thirds of the total.

The good news—as a healthcare provider, your efforts can prevent many of these injuries!

For more information, go to www.cdc.gov/injury/STEADI

Fact Sheets

Information about falls, medications and fall risk factors

Integrating Fall Prevention into Practice

This fact sheet provides information on how to integrate fall prevention into practice. It includes a checklist of key elements to consider when developing a fall prevention program.

Key Element	Checklist
Leadership	Identify a leader to coordinate fall prevention efforts
Assessment	Conduct a fall risk assessment of the organization
Education	Provide education to staff and patients
Environment	Ensure the environment is safe for patients
Medication	Review medication use and management
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Wall Chart

Integrating Fall Prevention into Practice

Stopping Elderly Accidents, Deaths & Injuries (STEADI) Tool Kit

A Fall Prevention Resource for Health Care Providers

Provider Resources continued

Fall Prevention Patient Referral Form

Patient: _____ Referred to: _____
 Sex: _____ DOB: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____
 Diagnosis: _____

Type of Referral: _____
 Type of specialist (See back of form): _____
 Exercise or fall prevention program (See name for options): _____

Review High Potential

Get or modify problem: Medication review & consultation
 Balance difficulties: Bedbugger or stronger footwear
 Lower body weakness: Foot abnormalities
 Postural hypotension: Vision <math>< 20/40 </math> R L Both
 Suspected neuropathic condition (e.g., Parkinson's disease, dementia): Home safety evaluation
 Other reason: _____

Other relevant information: _____
 Referrer signature: _____ Date: _____

Referral forms
 For specialists & recommended fall prevention classes

Talking about Fall Prevention with Your Patients

Many fall prevention strategies call for patients to change their behaviors by:

- Attending a fall prevention program
- Doing prescribed exercises at home
- Changing their home environment

We know that behavior change is difficult. Traditional advice and patient education often does not work.

The Stages of Change model is used to assess an individual's readiness to act on a new health behavior. Research on the change process shows people are more likely to act on the "stage" of change.

Behavior change is seen as a dynamic process involving both cognition and behavior that moves a person from being unmotivated, unaware, or unable to make a change (precontemplation), to considering a change (contemplation), to deciding and preparing to make a change (preparation), to changing behavior in the short term (action), and to continuing the new behavior for at least 6 months (maintenance).

The Stages of Change model has been validated and applied to a variety of behavior including:

- Exercise behavior
- Smoking cessation
- Contingency use
- Dietary behavior

Stage of change	Patient cognition and behavior
Precontemplation	Does not think about change, is resigned or fatalistic Does not believe in or deny/ignore personal susceptibility
Contemplation	Wants benefits vs. costs of proposed behavior change
Preparation	Experiments with small changes
Action	Takes definite action to change
Maintenance	Maintains new behavior over time

From Prochaska, J.O., Velicer, W.F. The transtheoretical model of health behavior change. *Am J Health Promot* 1997; 12(1): 33-42.

Talking with patients
 Guidance on talking about fall prevention with patients

Measuring Orthostatic Blood Pressure

- Have the patient lie down for 5 minutes.
- Measure blood pressure and pulse rate.
- Have the patient stand.
- Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

A drop in bp of <math>< 22 \text{ mm Hg}</math> or in diastolic bp of <math>< 12 \text{ mm Hg}</math> or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	Assessment/Significance
Lying Down	5 Minutes	BP _____ HR _____	
Standing	1 Minute	BP _____ HR _____	
Standing	3 Minutes	BP _____ HR _____	

For relevant articles, go to www.cdc.gov/steadi

Orthostatic blood pressure
 Instructions for measuring orthostatic blood pressure

SAFE Medication Review Framework
 A Team-based Approach

Use this framework to conduct a medication review to help prevent older adult falls.

Adapted from existing medication therapy management tools developed and used by pharmacists, this review framework uses the SAFE process: **Screen, Assess, Formulate, and Educate.**

Consider working with pharmacists, who are trained specifically in medication review and are a valuable resource available to your healthcare team.

- S** Screen for medications that may increase fall risk.
- A** Assess the patient to best manage health conditions.
- F** Formulate the patient's medication action plan.
- E** Educate the patient and caregiver about medication changes and fall prevention strategies.

Medication Review
 A framework to review medications that may increase fall risk

Patient Education Materials

Stay Independent

Falls are the main reason why older people lose their independence.

Are you at risk?

Postural Hypotension
 What It Is and How to Manage It

What YOU Can Do
 To Prevent Falls

Check for Safety
 A Home Fall Prevention Checklist for Older Adults

Chair Rise Exercise

What it does: Strengthens the muscles in your thighs & buttocks.

Goal: To do this exercise without using your hands as you become stronger.

How to do it:

- Sit toward the front of a sturdy chair with your knees bent & feet flat on the floor, shoulder-width apart.
- Rest your hands lightly on the seat on either side of you, keeping your back & neck straight & chest slightly forward.
- Breathe in slowly. Lean forward & fall your weight on the front of your feet.
- Breathe out & slowly stand up, using your hands as little as possible.
- Pause for a full breath in & out.
- Breathe in as you slowly sit down. Do not let yourself collapse back down into the chair. Rather, control your lowering as much as possible.
- Breathe out.

Repeat 10-15 times. If this number is too hard for you when you first start practicing this exercise, begin with fewer & work up to this number.

Rest for a minute & then do a final set of 10-15.

- Stay Independent:** A validated self-risk assessment brochure
- Postural Hypotension:** What it is and how to manage it
- What YOU Can Do to Prevent Falls:** Proven strategies to prevent falls
- Check for Safety:** A home safety brochure
- Chair Rise Exercise:** One-page instructional handout