

Orthopedic Injuries

Protocols to Prevent and Manage Patient Falls



Lynn C. Parsons, PhD, MSN, RN, NEA-BC^{a,*},
Maria A. Revell, PhD, MSN, RN, COI^{b,1}

KEYWORDS

- Orthopaedic injuries • Fall prevention for children
- Fall prevention for adults and older adults • Joint Commission • Morse fall scale
- GRAF PIF risk assessment tool • Teach-back method • Protocols

KEY POINTS

- Participation in sports activities has increased for children and young adults over the past 20 years.
- The Joint Commission mandates assessment and reassessment for all hospitalized patients identified for fall risks.
- The General Risk Assessment for Pediatric Inpatient Falls is used for managing general risk and higher fall risks for pediatric patients.
- Hospitalized adults and older adult have several risk factors that can contribute to falls and sustaining injuries.
- The teach-back method is an effective model to determine the patients' level of understanding and to determine if learning took place.

Physical activity across the lifespan has a myriad of positive outcomes for children, adults, and older adults.¹ Participation in sports-related activities has increased for children and young adults in the past 20 years, yielding many benefits, including increased strength, dexterity, fitness, a sense of team play, and enhanced self-esteem. Structured weekly exercise classes for older adults support lower rates of falls, thereby reducing injury rates related to fracture.² The purpose of this article is to provide information for caregivers in structured hospital and health care settings

Disclosure Statement: The authors have nothing to disclose.

^a Center for Health, Education and Research, Morehead State University, 316 West Second Street, Suite 201P, Morehead, KY 40351, USA; ^b Division of Nursing, Tennessee State University, 3500 John Merritt Boulevard, Box 9590, Nashville, TN 37209, USA

¹ 214 Jon Paul Court, Murfreesboro, TN 37128, USA.

* Corresponding author. 817 Greenfield Trail, Mount Sterling, KY 40353.

E-mail address: l.parsons@moreheadstate.edu

Nurs Clin N Am 50 (2015) 645–661

<http://dx.doi.org/10.1016/j.cnur.2015.07.007>

0029-6465/15/\$ – see front matter Published by Elsevier Inc.

nursing.theclinics.com

that promote health, safety, and the prevention of injury and fractures related to patient falls.

PEDIATRIC CONSIDERATIONS

Children with skeletal abnormalities such as developmental dysplasia of the hip are at higher risk for injuries. In developmental dysplasia of the hip, gait is affected owing to different limb lengths that impact gait and agility in ambulation.³ Other chronic pediatric disorders that adversely affect mobility include club foot, wherein 95% of diagnosed cases involve the foot being plantar flexed and inward, and osteogenesis imperfecta, a rare condition of osteoporosis in children that involves bone fragility. Spinal deformity curves of 3 types—kyphosis, lordosis, and scoliosis—affects posture, balance, ambulation, and body image. Nurses caring for these children in hospital settings must provide a safe environment that minimizes the risk for falling and increased orthopedic injury.

Orthopedic injuries in sports-related activity are unavoidable with up to 40% of accidents taking place in recreational or competitive sporting events.^{4,5} Prevention measures are challenging when you consider the large number of children participating in gym classes and school sports activities. Health professionals manage both acute and chronic musculoskeletal injuries in younger athletes.⁶ Some young athletes participate in over 18 hours of athletic activities per week.⁷ Monitoring of physical activities, caloric intake, and potential physiologic effects such as decreased sleep, fatigue, and overuse sports injuries must be assessed.^{4,5} Children hospitalized owing to injuries or having injuries such as sprains and strains that require them to sit out on sports events interfere with the positive aspects of physical activity for active children and young athletes.

PEDIATRIC FALL PREVENTION

Children at risk for falling must be identified. Pediatric hospitals and inpatient pediatric units use various methods to determine fall risk.⁸ A fall risk assessment must be done at admission and throughout the hospital stay. Nurses should assess the following risk factors for hospitalized children:

- Medication effects: postanesthesia or sedation; narcotic analgesics with special attention for children receiving these types of medications for the first time.
- Mobility issues: assess development age relative to ambulation, disease process, medical equipment such as casts, drains, or other adaptive equipment, especially if new for the patient.
- Fall history.
- Postoperative child: risk for postural hypotension, hypotension secondary to blood loss, medication effects and side effects, and specific health alterations such as musculoskeletal disorder.
- Infants or toddlers in crib or bed with side rails down.

PEDIATRIC FALL PRECAUTIONS

Fall risk tools are needed for the pediatric population to maintain a safe environment while hospitalized. Risks for falling are greater for ill hospitalized children versus well children in school or sports-related events. The Joint Commission mandates assessment and reassessment for patients identified at risk for falling.⁹

There are survey tools that provide risk assessment for falls in the pediatric population. The General Risk Assessment for Pediatric Inpatient Falls (GRAF PIF) tool

Download English Version:

<https://daneshyari.com/en/article/2680934>

Download Persian Version:

<https://daneshyari.com/article/2680934>

[Daneshyari.com](https://daneshyari.com)