



Nurse to Nurse

Oregon's Community Based Care Nursing Newsletter

Falls in the senior population

Falls aren't just embarrassing for an individual. They can cause serious injuries. Although data shows that the risk of falls increases with age, falling, in many cases, can be prevented.

Falls rank among the top five causes of death from injuries in the United States. It is estimated that one in three adults age 65 and older fall each year. While most falls result in minimal injury, more than 20-30 percent of adults age 65 and older suffer serious injuries from falls, particularly hip fractures and head injury. Of those hospitalized for a hip fracture 40 percent never return home or live independently again, and 25 percent will die within one year.

Preventing falls and injuries at any age is important. However, older adults often take longer to recover after an injury and are more prone to have complications. Older adults are four to five times more likely to be admitted to a nursing facility for a year or longer after a fall.

Falls seldom "just happen." The more that people take care of their own health and well-being, the more likely you will be able to lower their chances of falling. Here are a few suggestions:



- Find out about the possible side effects of medications that a person takes. Some medications can affect coordination and/or balance. Ask the doctor or pharmacist what can be done to lessen these effects or if the benefit of taking the medication outweighs the person's risk of falling.
- Ask the doctor about obtaining a bone density test to assess their risk for fractures.
- Regular exercise helps keep people strong and improves muscle tone. It also helps keep joints, tendons and ligaments flexible. Mild weight bearing exercises such as walking and climbing stairs may even slow bone loss from osteoporosis.
- Warn people to stand up slowly after eating, lying down or resting to prevent orthostatic hypotension.

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Falls in the senior population — continued

- Make sure people wear rubber soled, low-heeled shoes that fully support their feet. Wearing only socks or shoes with smooth soles on stairs and some types of floors can be unsafe.

After a fall, address fears of future falling. Complications of decreased mobility should also be evaluated and discussed with the person. Fear of falling can lead to an increase in weakness and dependence on others to perform activities of daily living, creating an increased risk of falling. Help the person develop a simple exercise routine to promote balance, strength and confidence.

The older adult, family and caregivers must address balancing fall risk versus independence. Supporting an older adult's desire to be independent and enjoy an active lifestyle may include accepting the risk that falls may occur.

Caregiver education

SPD recognizes the difficulty for caregivers to leave their clients and attend classes to keep them current in their skills. Because of that SPD has developed a Self Study program.

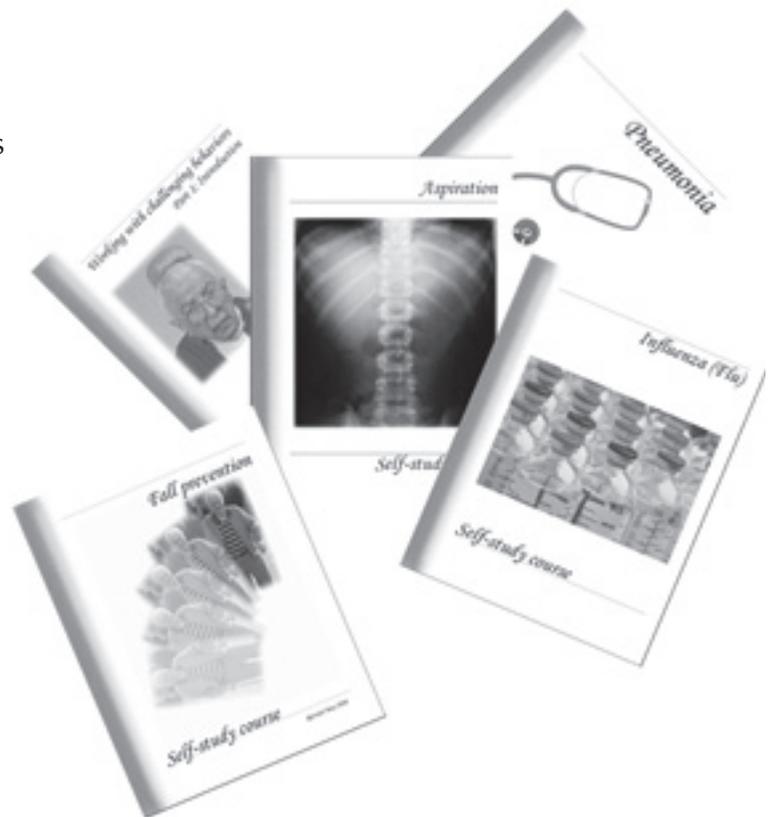
- Self study was first introduced in 2001 as a way to provide quality education to providers who experienced difficulty in obtaining ongoing education secondary to professional time constraints and cost.
- All courses use a “test booklet” format as it is a convenient way to provide information and leaves the provider with reference materials.
- All courses come complete with an open book test. This allows the provider the option of “starting” and “stopping” a course when it fits best into their daily schedules. The score to pass this open book test is 100 percent.

There are currently 15 courses available for purchase and they include such titles as Infection Control, Pain Management, Working with Challenging Behaviors, Influenza and Constipation. All courses cost \$5.00 each.

All courses may only be taken once unless the course materials have been revised.

Starting January 1, 2006 faxed tests will no longer be accepted. Course tests may not be copied and/or duplicated. Only originals will be accepted for grading. **As of March 1, 2006 providers will have 60 days to complete a course.**

If you have any questions about the self-study program please contact Bernadette Murphy at 503-945-5839.



Falls in other special populations

Age is not the only risk factor for falling.

While aging may be the most common risk factor for increased falls, other factors can increase an individual's risks. Understanding risk factors for falls and incorporating fall prevention techniques in your practice can prevent or reduce the number of falls for individuals at risk.

In the Oregon population of developmentally disabled individuals, we use a system to track injuries: SERT; this stands for "Serious Event Review Team." The State of Oregon uses the SERT process to track serious events for the purpose of identifying trends and patterns so that proactive action can be taken to prevent further events. Serious events include unexpected injuries, falls, hospitalizations, deaths and other potentially serious occurrences. Falls are increasing in numbers and teams are working to develop prevention strategies. During a three-month review of statewide SERT reports, 80 individuals accessed emergency care as a result of falls.

In a review of the falls, SERT found the majority of falls for people with developmental disabilities occur with people born between the years of 1945 and 1960. In the months of February and March, falls were identified for 24 women and 22 men. The data shows that most fall-related injuries were cuts and lacerations to the head. Nineteen fractures occurred due to falls. The majority of falls (42) occurred at home and only seven occurred at

work. The data shows that when falls do occur at home, it is likely to be in the bedroom. Becoming entangled in blankets or getting in and out of bed appeared to be the most common reasons.

It is clear that we need to take a proactive approach in the prevention of falls and carefully assess the potential for each person receiving services. The April publication of *Nursing 2006*, addresses a number of contributing factors:

- Chronic disease — Diabetes and other chronic diseases can result in sensory or motor deficits, adding to the risk of falling.
- Acute illness — Infection and other acute illnesses may cause an altered response to pain, deconditioning, hypoxia, confusion and postural hypotension, which can lead to a fall.

When assessing a client for vulnerability to falling, use a standardized fall assessment. The article lists three possible tools: Morse Fall Scale, the Tinetti Balance and Gait Evaluation and the St. Thomas' risk assessment tool.

As nurses, we can take the lead in educating ourselves, clients and care givers on fall prevention. For more information on preventing falls, go to the National Institute of Health's Web site at www.nihseniorhealth.gov

Julie Camp RN, CDDN

Pre-diabetes

Diabetes is one of the most costly chronic diseases we know and is a condition that is increasing in epidemic proportions in the United States and throughout the world.

The complications resulting from the disease are a significant cause of death and are associated with damage to the eyes, kidneys, heart and nerves. Pre-diabetes, or impaired glucose tolerance, occurs when a person's blood glucose levels are higher than normal but not high enough for a

diagnosis of diabetes. People often don't have symptoms. Risk factors include:

- Younger than 45 and overweight,
- High blood pressure,
- Low HDL cholesterol/high triglycerides,
- A family history of diabetes,
- Belonging to an ethnic group at high risk for diabetes (includes Native Americans, African Americans, Pacific Islanders and Hispanics),

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- Giving birth to a baby weighing more than nine pounds,
- A history of gestational diabetes.

If blood glucose levels are in the normal range, doctors will usually retest every three years. Those with pre-diabetes should be retested for diabetes every 1-2 years after diagnosis.

Why is identifying pre-diabetes critical?

Modest weight loss and exercise can prevent or delay the onset of Type 2 diabetes by up to 58 percent. The changes do not need to be big; reducing weight by five to ten percent and participating in modest physical activity for 30 minutes daily will often make the difference between the person going on to develop diabetes or returning to normal blood sugar levels.

Fasting plasma glucose (FPG) results are interpreted as follows:

- Normal blood glucose: below 100 mg/dl
- Pre-diabetes: 100-125 mg/dl
- Diabetes: 126 mg/dl or above

It's often easy for people to fall through the cracks and delayed treatment may mean significant health complications or death. For more information go to:

www.betterdiabetescare.nih.gov

Talking books & braille services (TBABS)

The Oregon State Library has a free book service for people who have vision impairments. This service is available for those who are blind, visually impaired, are physically unable to hold a book and those with organic reading disabilities. The services include books on tape (more than 60,000 titles), books in Braille, magazines in Braille and on cassette, videos that describe what's taking place visually on the film, and adaptive equipment. The services are free, including the use of cassette machines and the mailing and return of materials. There is also a free telephone newspaper service available, which enables people who are blind/visually impaired to listen to more than two hundred newspapers by phone. Currently, these services are being underutilized, so please help spread the word to your clients with visual impairments or other disabilities making reading difficult. For more information, go to www.stateoforegonlibrary and then click on *Talking Book & Braille* subheading.

2006-2007 Season influenza information

As you know, influenza kills an estimated 36,000 people in the United States annually. We know that you have been encouraging your clients to get their flu shots updated. Please include yourself, both for your own protection and for the protection of your clients and family. The best time to vaccinate for optimum protection is from October through mid-November, however, it's not too late to be

vaccinated. The vaccine may be administered any time during the period of seasonal transmission to prevent infection. Influenza season peaks in February and generally lasts thorough April/May. For additional information on the use of flu vaccine, visit our Web site at: www.oregon.gov/DHS/ph/acd/flu/fluvox.shtml



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Nurse to Nurse: Oregon's Community Based Care Nursing Newsletter

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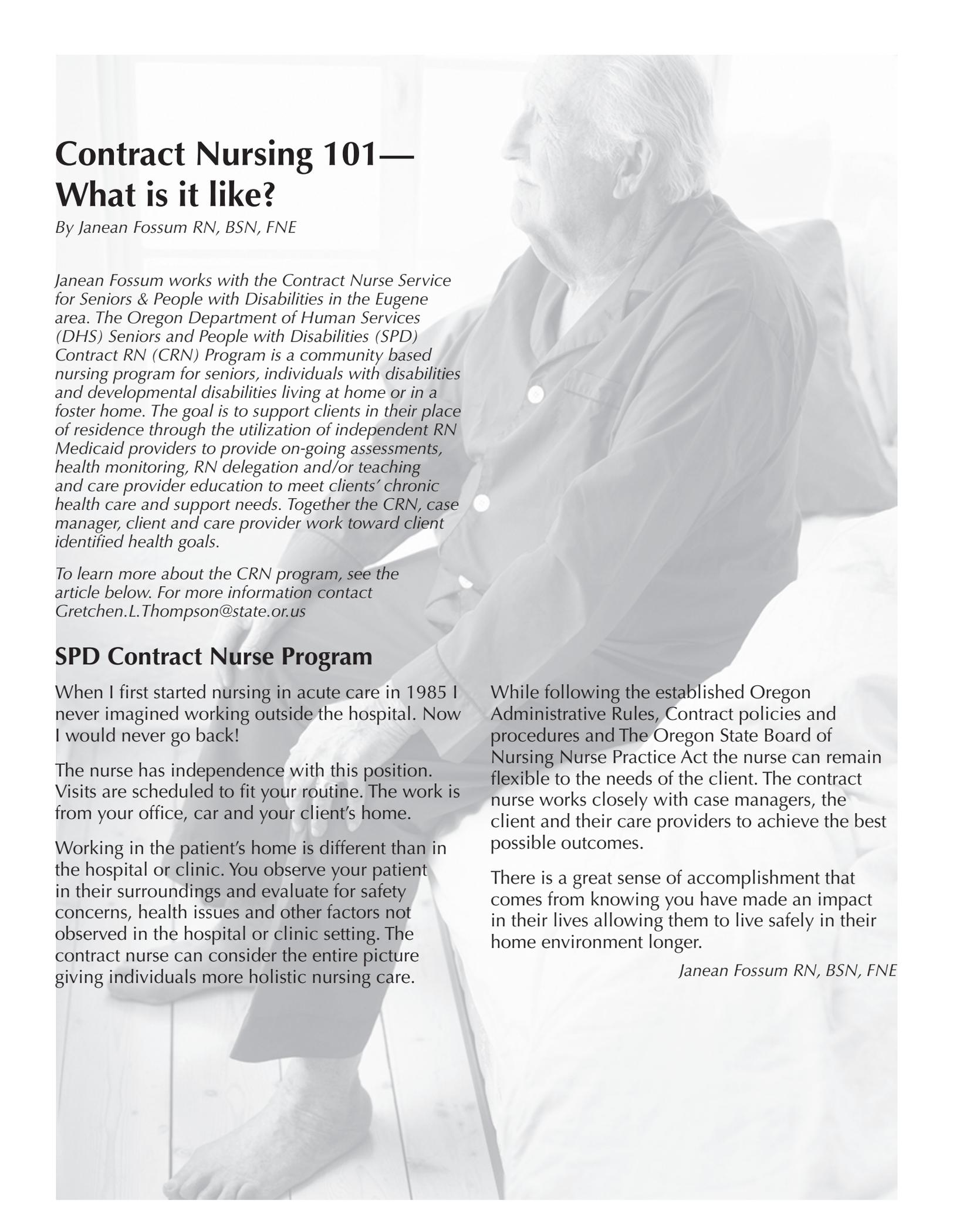
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Contract Nursing 101— What is it like?

By Janean Fossum RN, BSN, FNE

Janean Fossum works with the Contract Nurse Service for Seniors & People with Disabilities in the Eugene area. The Oregon Department of Human Services (DHS) Seniors and People with Disabilities (SPD) Contract RN (CRN) Program is a community based nursing program for seniors, individuals with disabilities and developmental disabilities living at home or in a foster home. The goal is to support clients in their place of residence through the utilization of independent RN Medicaid providers to provide on-going assessments, health monitoring, RN delegation and/or teaching and care provider education to meet clients' chronic health care and support needs. Together the CRN, case manager, client and care provider work toward client identified health goals.

To learn more about the CRN program, see the article below. For more information contact Gretchen.L.Thompson@state.or.us

SPD Contract Nurse Program

When I first started nursing in acute care in 1985 I never imagined working outside the hospital. Now I would never go back!

The nurse has independence with this position. Visits are scheduled to fit your routine. The work is from your office, car and your client's home.

Working in the patient's home is different than in the hospital or clinic. You observe your patient in their surroundings and evaluate for safety concerns, health issues and other factors not observed in the hospital or clinic setting. The contract nurse can consider the entire picture giving individuals more holistic nursing care.

While following the established Oregon Administrative Rules, Contract policies and procedures and The Oregon State Board of Nursing Nurse Practice Act the nurse can remain flexible to the needs of the client. The contract nurse works closely with case managers, the client and their care providers to achieve the best possible outcomes.

There is a great sense of accomplishment that comes from knowing you have made an impact in their lives allowing them to live safely in their home environment longer.

Janean Fossum RN, BSN, FNE

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Oregon Department of Human Services
Seniors and People With Disabilities
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Assisting seniors and people with disabilities of all ages to achieve individual well-being through opportunities for community living, employment and services that promote choice, independence and dignity.

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