

MEMORY CARE TIP

Fall Risk + Dementia

Individuals living with dementia experience the same types of age-related body changes as their peers, but brain deterioration associated with diseases that cause dementia quickens the pace of decline.

For example, we all will lose some clarity of our vision. But in a person with dementia, the decline is on overdrive. These individuals are likely to experience significant loss of depth perception and a total loss of peripheral vision. Seniors with dementia usually have a tough time with color contrast, too.

Combine these deficits with the fact that the brain deterioration is impacting how the person perceives and processes information. Challenges manifest in surprising ways, like seeing a black doormat and thinking it's a hole in the ground that must be avoided.

Care providers should:

- Ensure eating areas and the bathroom have strong color contrast, so that the patient can better distinguish items of need.
- Install hand rails and grab bars to help the person balance better.
- Eliminate floor clutter that can cause confusion and/or cause a stumble.
- Encourage exercise that maintains muscle strength. ➔



Home Safety & Fall Prevention

Falls are dangerous at any age, but older people are especially prone to injuries for a few reasons. As we age, our bones become less dense, which means a break is more likely to result from a fall. Reduced muscle strength and coordination, too, make it harder to recover from a loss of balance. And if an elderly person is injured from a fall, healing takes much longer than when in youth. That's why falls are the most common cause of nursing home placement.

Many people who fall, even those who are not injured, develop a fear of falling that may cause them to limit their activities. This leads to reduced mobility and physical fitness, which actually increases their risk of falling.

If the person in your care has osteoporosis, they are more likely to break a bone if they fall. Osteoporosis is considered a silent disease because bones become weak with no symptoms. People often find out they have it when a strain, bump, fall, or even a cough causes a bone to break. Get the person in your care tested.

Why Do People Fall?

Falls and accidents seldom happen inexplicably. There are physiological reasons, as mentioned above, that may combine with other aging-related factors such as:

- Medications may cause dizziness.
- Diuretics (water pills) may cause urination urgency and walking too quickly to the bathroom.

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- Vision decline, especially in people with dementia, can cause a misstep or other loss of balance.
- Cognitive impairment.
- Refusal or inconsistent use of walking aids like a cane.
- Alcohol consumption exacerbates existing issues of dizziness and slowed reaction time.

Environmental reasons are equally to blame in many elderly falls.

- Throw rugs, clutter, electrical cords, and other household items pose tripping hazards.
- Uneven ground/flooring or needing to use stairs.
- Slippery surfaces in the bathroom.
- Using a stool or step ladder to reach items.

Preventing Falls

Regular exercise as well as regular eye and physical exams may help reduce the risk of falling by identifying deficits early on. People aged 65 and up should talk with their doctors about getting tested for osteoporosis and whether they are getting enough calcium and vitamin D (both of which reduce the chance of bone breakage if a fall should occur).

It's important to thoroughly evaluate the living quarters to identify tripping hazards and other safety issues.

- Eliminate throw rugs and any loose items on the floor.
- Ensure common items are within easy reach (not requiring the use of a stool or step ladder). Avoid even a regular need to bend over to retrieve items from low storage, as that action can cause acute dizziness from the rapid change in blood pressure.
- Encourage older residents to always wear sturdy shoes; for those who want to wear house slippers or similar, be sure the bottoms have non-slip tread.

- Stairs should have railings on both sides.
- Install grab bars and anti-slip basin adhesives in the shower or tub. Any bathmats used in the bathroom need to be rubber backed.
- Use adequate nightlights along the route to the bathroom and/or keep a flashlight at the bedside to safely navigate at night. Bedside commodes may be a safer option for those with mobility issues.

What to Do If a Person Falls

How hard a person lands plays a major role in determining whether a person will break a bone. The greater the distance of the hip bone to the floor, the greater the risk of fracturing a hip; so, tall people have a higher risk of a fracture. The angle at which a person falls also is important. Falling sideways or straight down is riskier than falling backward onto the buttocks.

- A sudden fall can be startling and upsetting. Keep yourself and the person in your care as calm as possible. Take several deep breaths to try to relax.
- Keep them still on the floor or ground for a few moments. This will help you both recover from shock.
- Determine if there is an obvious injury. Getting up too quickly or in the wrong way could make an injury worse. If there is a serious injury, do not move the person; call for medical help.
- If no obvious injury is present, have the person roll onto their side. Rest for a few moments while their body and blood pressure adjust.
- Next, they should very slowly get up on hands and knees. Bring them a sturdy chair to use for balance. Have them place their hands on the chair seat and slide one foot forward so that it is flat on the floor. Keep the other leg bent so the knee is on the floor. From this kneeling position, they should slowly rise and turn the body to sit in the chair. ➤

Source: National Institute of Health

Exercises to Improve Balance

Perform these exercises daily to strengthen muscles and improve balance.

1. While holding the back of a sturdy chair or counter, stand on one leg at a time for a minute; slowly increase the time as you are able. Repeat with the opposite leg. If this exercise comes easy, then try to balance with your eyes closed and/or without holding on.
2. Stand on your toes for a count of 10, and then rock back on your heels for a count of 10. Repeat three to five times, as you are able.
3. Make a big circle to the left with your hips, and then to the right. Do not move your shoulders or feet. Repeat five times. ➤

Source: National Institute of Health



QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. As we age, our bones become less dense, which means a break is more likely to result from a fall.

True or False

2. Throw rugs are a common tripping hazard in the home.

True or False

3. If a person falls, help them get up right away to regulate their blood pressure.

True or False

4. Store extra medical oxygen in a back bedroom closet.

True or False

5. Some medications may cause dizziness, which increases a fall risk.

True or False

6. Using a step ladder is dangerous for older individuals because of their weakened muscle strength and coordination.

True or False

7. The bathroom presents particularly high fall risks.

True or False

8. Falling on one's side is riskier than falling backward onto the buttocks.

True or False

9. In a home that uses medical oxygen, smoking is okay as long as you keep a distance from the unit.

True or False

10. People living with dementia commonly experience a more rapid decline of vision than the average person.

True or False

Find the quiz answers at the bottom of page 4.

Medical Oxygen Safety

Medical oxygen is prescribed by a doctor at a specific level to treat breathing issues from various disorders, and this therapy can greatly improve one's quality of life. However, oxygen greatly increases fire risk, so you must exercise great caution when this therapy is used.

Oxygen by itself is not a flammable gas and it will not explode, but it reacts violently with combustible materials; if something catches fire, oxygen makes it burn much faster. Using medical oxygen in the home increases the amount of oxygen in all textiles, upholstery, clothing, and hair, making it easy for a house fire to start and spread. If you care for someone who uses medical oxygen, follow these safety tips:

- No one who smokes should ever be near an oxygen container. There is no safe way to smoke in a home where medical oxygen is being used.
- Ensure the home has working smoke detectors and a functional fire extinguisher.
- Keep the oxygen tank upright, never on its side. Do not store tanks in an enclosed space like a closet.
- Never use an extension cord to connect the unit, nor plug anything else into the same outlet.

- Keep medical oxygen away from anything with an electric motor, such as toys, space heaters, hairdryers, and other handheld tools. Though rare, it's possible that any of these items can malfunction and cause a spark.
- Never use aerosol sprays containing combustible materials near the oxygen.
- Do not use petroleum- or oil-based lotions or lip balm, as these can react violently with an oxygen-fueled fire. Use water-based products instead.
- The kitchen is a major hazard area for an individual using oxygen. Microwave cooking is generally okay, if you follow the manufacturer's instructions (i.e., metal in the microwave = sparks and fire). Dangerous activity includes cooking with grease or oil, which easily splatters.
- Tripping on tubing is another risk. Awareness of the tubing's presence is the main remedy. Taping the tube to the backside of the user's shirt may help preserve freedom of movement. ➔

Source: American Lung Association



Senior-Care Education

Hope Hospice is committed to helping our community offer the best care to seniors. Our experts are available to present complimentary educational seminars to professionals in the medical field and to the public. If you oversee a team of care providers or senior living community who would benefit from a refresher on such topics as hospice, best practices in dementia care, or any of the other subjects listed at right, please connect today to discuss your needs. We are available to present in-person at your facility or over Zoom teleconference. ➔

Available Topics

- Agitation/terminal restlessness
- Advance healthcare directives
- Body mechanics
- Dementia care
- Fall prevention
- Hospice education
- Infection control
- Medication administration
- Nutrition for seniors
- Pain in the elderly
- Respiratory concerns
- Skin care of the elderly

FOR MORE INFORMATION

Please connect with Hope Hospice Director of Outreach, Kari Rayford, LVN, at karir@hopehospice.com or (925) 829-8770 to discuss your team's needs.