Assessing Medications and the Risk for Falling

Rick Terkowski MSN, RN, CEN

Any drug that causes one of the following effects can increase the risk of falling:
- Drowsiness
- Dizziness
- Hypotension
- Parkinsonian effects
- Ataxia/gait disturbance
- Vision disturbance

Any drug that causes the following effects can increase the risk of a serious outcome if an individual falls:
- Osteoporosis or reduced bone mineral density: Increased risk of fracture if a fall occurs
- Bleeding risk: Increased risk of a cerebral hemorrhage if a fall occurs

What can be done if you are taking a drug that can increase the falls risk?

⇒ Assess your patient’s medications, individualize treatment, and consider possible interventions.
⇒ Drugs are just one of many factors that can increase the risk of falling.
⇒ Consider risk/benefit ratio: Does the benefit of the drug outweigh a possible risk of falling?
⇒ Is there a safer drug or non-drug alternative?
⇒ Is it possible to minimize the dose without losing the benefit of the drug?

Examples of Drug Classes That Can Increase the Risk for Falling

<table>
<thead>
<tr>
<th>ACE Inhibitors</th>
<th>Corticosteroids</th>
<th>Proton Pump Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Digoxin</td>
<td>Sedatives/hypnotics</td>
</tr>
<tr>
<td>Alpha Receptor Blockers</td>
<td>Eye drops</td>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>Anticoagulants</td>
<td>Metoclopramide</td>
<td>Barbituates</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>Muscle Relaxants</td>
<td>Thiazolidinediones</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Nitrates</td>
<td>Herbal sleep aids</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>NSAIDS</td>
<td></td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Opiates/Narcotics</td>
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♦ Consult Pharmacy for additional information or guidance on medications and interactions.
Safety Matters

Safety and Security: Wow...What Happened???
John Mullin, Jr., CHPA, CHSS, Security Supervisor

In an earlier article, I wrote about the importance of keeping our focus strong. The chief takeaway was we make more errors when dealing with normal events versus those times when danger is expected. Today, I would like to take a step further with a few comments on the term Situational Awareness.

Situational Awareness is a mindset of safety that has been in place in the military and law enforcement communities for some time. It deals with our level of awareness towards our surroundings, potential dangers, and potential aids or support. A chief goal of situational awareness is to avoid being surprised by something you could—and should—have seen coming. You always want to remain in the state of “Condition Yellow”, as opposed to living in “Condition White.”

For instance, a woman whose alertness is considered Condition Yellow would spot someone far down the hallway, know they have just returned from vacation and loves to share every photograph on his phone, and you need to be at a meeting in a few minutes. It is this situational awareness which permits her to alter her path and avoid a potential problem. Meanwhile, the woman who becomes blindsided by this fellow because she didn’t see him coming, is said to be in Condition White.

As you read the following scenarios, think how someone who is practicing good situational awareness would fare better than someone who is not...

-- A WET FLOOR sign is resting on the ground
-- You are driving a long distance at night
-- A soccer ball rolls into the road as you are driving home
-- You are about to give a shot to a patient with young family members in the room
-- A hospital guest’s voice is becoming louder and strained as he talks

While years of experience will go a long way towards honing your situational awareness, maintaining your focus and avoiding distractions are great starting points. Think about how the situation has changed and how you need to change as a result. For example...

*“I had the road to myself, but now there is a car pulling into my blind spot...”
*“I am approaching the top of a stairwell while holding a stressful cell phone conversation...”

Now that you have thought about our surroundings and potential dangers, we can address the third portion of situational awareness...the aids/support that can be found around you. Objects or people can be utilized when adapting to a situation. Of course, you need to be aware of their presence before recognizing the need for their use. This recognition of support is thinking ahead to mitigate a perceived situation such as donning gloves before touching blood or bodily fluids. Suppose you feel a sniffle coming on: wouldn’t it be smart to keep a few tissues on your person? How about having the advanced knowledge of where the closest fire extinguisher and emergency exit are located? Whether you are working, shopping, or attending your child’s PTO meeting, you should take the time to note these potentially vital pieces of information. Good situational awareness has been around for years. You might have heard of different phrases such as...

* “Keep your head on a swivel”
* “Look Up, Look Down, Look all Around”
* “Be observant of your surroundings”

We have, no doubt, been told to avoid tunnel vision and to keep a 360 Mindset. In conclusion, it often comes down to our attitude being one of actively protecting ourselves, or passively accepting what we encounter. By taking the active approach, we help ourselves to STAY SAFE!!!

Medication Safety: Top 5 Reported Medication Errors for 2014

1. Dose Omission– patient’s medication not administered (does not include clinical reasons)
2. Extra Dose– dose was discontinued or changed, but administered
3. Wrong Dosage (over)– dosage was ordered, prepared, or administered incorrectly
4. Documented Allergy– medication was ordered, verified and administered with a known allergy
5. Medication List Incorrect– Medication Reconciliation was completed incorrectly

* The IOM estimates 7,000 patient deaths occur annually from medication errors. It is estimated approximately only 35% of medication errors are reported. Please report errors so we may learn and keep our patients safe.
Patient Safety Accomplishments

Good Catch Award Winners
January - Okie Taylor, RN, 3T
February - Samantha Terkowski, RN, Emergency Department
March - Terri Dunn, RPh, Pharmacy Department

Patient Falls
Congratulations to PINU for 338 days since their last patient fall!
Congratulations to ICU for 113 days since their last patient fall!

National Patient Safety Week– CCH Poster Winners
Congratulations to:
1st Place - Operating Room
2nd Place - 3N/Telemetry

UPHS Days Free Award
3N/Telemetry - Central Line Blood Stream Infections– Bronze (>500 days free)
PINU - Central Line Blood Stream Infections– Platinum (>1500 days free)
WW1 – Catheter Associated Urinary Tract Infections– Silver (>750 days free)
ICU – Ventilator Associated Pneumonia– Platinum (>1500 days free)
NICU – Ventilator Associated Pneumonia– Platinum (>1500 days free)

2014 VHA Achieving Patient Care Excellence (APEX) Awards
VTE, VAP, SSI, Pressure Ulcers, Falls - Platinum Award Achievement

Early Progressive Mobility Conference
April 28th, 2015
7:30am to 4pm
Mira Room

Topics Include:
Safe Patient Handling
Complications of Immobility
Bariatric Patient: Promoting Safe Transfers
Physical & Occupational Therapy: Roles and Opportunities

Demonstration of Equipment and Lifts:
0600 to 0800 & 1500 to 1700

Sponsored by Hill-Rom, CCH Early Mobility Committee, & Safe Patient Handling
4 Nursing CEU's provided
Lunch Provided
No charge to CCH employees

Register by e-mail to drocchio@cchosp.com by April 17th, 2015
**Bug Bytes: Everything Old is New Again!**

*Julie Musantry, MSN, RN, CEN*
*Charlee Faucette, MT(HEW)*

Most of us believed that Measles was eradicated years ago with the advent of the Measles, Mumps, and Rubella vaccine. We are now seeing patients of all ages who are from foreign countries as well as non-immunized citizens that are infected with Measles.

- Measles is a highly contagious respiratory disease caused by Rubeola virus.
- 90% of non-immune individuals exposed to measles will become infected.
- It spreads through the air through coughing and sneezing.
- Hundreds of people in the U.S. have been exposed and are currently under surveillance as a result of unrecognized cases in healthcare waiting rooms for extended periods of time.
- Patients suspected of having measles must be placed in Airborne Isolation (Negative Pressure) immediately.
- The incubation period for measles from exposure to fever is about 10 days (range, 7 to 12 days) and from exposure to rash onset is usually 14 days (range, 7 to 21 days).
- Infected people can spread measles to others from 4 days before rash appears to 4 days after rash appears.
- Initial symptoms are: fever, runny nose, cough, red eyes, and sore throat.
- 2 – 3 days after symptoms begin tiny white spots (Koplik spots) may appear inside the mouth.
- 3-5 days after symptoms begin a rash breaks out usually on the face at the hairline and spreads downward to the neck, trunk, arms, legs, and feet.
- Contact Infection Prevention for any patient suspected of having measles.
- Diagnosis is primarily based on exposure history, immunization record, and clinical symptoms. The PaDOH may request additional lab specimens for confirmation testing.

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**Safety Question: What is CCH’s Firearms Policy**

*By John Felicetti, Director of Security*

No persons other than sworn law enforcement officers on duty may carry firearms or lethal weapons onto hospital property. If a threat with a firearm or weapon is made, contact the switchboard by dialing 2222 and request Security STAT, giving additional information regarding the situation if possible to the operator.

If a visitor or patient is observed with a firearm/weapon on his or her person, contact the switchboard and request Security. Security Officers shall respond as follows:

1. If a visitor, ask the person to leave and return without the weapon, or surrender the weapon to Security until he/she is ready to leave. If the person refuses, local law enforcement shall be contacted.
2. If a patient, secure the weapon. If the patient refuses to surrender the weapon for safekeeping, contact the police.
3. The secured weapon must be unloaded by trained security staff and placed in a Security valuables bag. Note the make, caliber and serial number of the weapon, and secure in safe until visitor/patient is ready to leave. The Security Officer will ask for a valid License to Carry a Concealed Weapon. If licensing cannot be produced, local law enforcement shall be notified. If the police request that the weapon be turned over to them, Security shall complete a property release receipt.
4. Released weapons are to be returned as the owner is leaving the hospital property. Advise the owner that the weapon is unloaded, and is not to be loaded on hospital property.
5. A sworn law enforcement officer signed into the hospital as a patient may retain his duty weapon until another person of the officer’s choosing arrives to take possession of the weapon provided the officer/patient is alert and able to control his duty weapon.