

# Summary of Recommendations

This Guideline replaces the RNAO BPG *Prevention of Falls and Fall Injuries in the Older Adult* (2002, 2005) and its supplement (2011).

**+** The recommendation and supporting evidence were updated following the systematic review.

**NEW** A new recommendation was developed following the systematic review.

PRACTICE RECOMMENDATIONS	LEVEL OF EVIDENCE	STATUS
<b>1.0 Research Question #1:</b> What are the most effective ways to identify adults at risk for falls or for injury due to falls?		
<p><b>Recommendation 1.1:</b></p> <p>Screen all adults to identify those at risk for falls. Conduct screening as part of admission processes, after any significant change in health status, or at least annually. Screening should include the following approaches:</p> <ul style="list-style-type: none"> <li>■ identifying a history of previous falls;</li> <li>■ identifying gait, balance, and/or mobility difficulties; and</li> <li>■ using clinical judgment.</li> </ul>	la & V	<b>NEW</b>
<p><b>Recommendation 1.2a:</b></p> <p>For adults at risk for falls, conduct a comprehensive assessment to identify factors contributing to risk and determine appropriate interventions. Use an approach and/or validated tool appropriate to the person and the health-care setting.</p>	III	<b>+</b>
<p><b>Recommendation 1.2b:</b></p> <p>Refer adults with recurrent falls, multiple risk factors, or complex needs to the appropriate clinician(s) or to the interprofessional team for further assessment and to identify appropriate interventions.</p>	V	<b>NEW</b>

PRACTICE RECOMMENDATIONS	LEVEL OF EVIDENCE	STATUS
<p><b>2.0 Research Question #2:</b> What interventions are effective in preventing falls and reducing the risk for falls or falls-related injury among at-risk adults?</p>		
<p><b>Recommendation 2.1:</b></p> <p>Engage adults at risk for falls and fall injuries using the following actions:</p> <ul style="list-style-type: none"> <li>■ explore their knowledge and perceptions of risk, and their level of motivation to address risk;</li> <li>■ communicate sensitively about risk and use positive messaging;</li> <li>■ discuss options for interventions and support self-management;</li> <li>■ develop an individualized plan of care in collaboration with the person;</li> <li>■ engage family (as appropriate) and promote social support for interventions; and</li> <li>■ evaluate the plan of care together with the person (and family) and revise as needed.</li> </ul>	Ia, III, & V	<b>NEW</b>
<p><b>Recommendation 2.2:</b></p> <p>Provide education to the person at risk for falls and fall injuries and their family (as appropriate) in conjunction with other falls prevention interventions. This includes providing information about risk for falls, falls prevention, and interventions.</p> <p>Ensure that the information is provided in a variety of formats and in the appropriate language.</p>	Ia & V	+
<p><b>Recommendation 2.3:</b></p> <p>Communicate the person’s risk for falls and related plan of care/interventions to the next responsible health-care provider and/or the interprofessional team at all care transitions to ensure continuity of care and to prevent falls or fall injuries.</p>	V	<b>NEW</b>
<p><b>Recommendation 2.4:</b></p> <p>Implement a combination of interventions tailored to the person and the health-care setting to prevent falls or fall injuries.</p>	Ia	+
<p><b>Recommendation 2.5:</b></p> <p>Recommend exercise interventions and physical training for adults at risk for falls to improve their strength and balance. Encourage an individualized, multicomponent program/ activity that corresponds to the person’s current abilities and functioning.</p>	Ia	+

PRACTICE RECOMMENDATIONS	LEVEL OF EVIDENCE	STATUS
<p><b>Recommendation 2.6:</b></p> <p>Collaborate with prescribers and the person at risk for falls to reduce, gradually withdraw, or discontinue medications that are associated with falling, when the person’s health condition or change in status allows. This includes the following actions:</p> <ul style="list-style-type: none"> <li>■ identify polypharmacy and medications that increase risk for falls;</li> <li>■ conduct a medication review, or refer to an appropriate health-care provider and/or the prescriber; and</li> <li>■ monitor for side effects of medications known to contribute to risk for falls.</li> </ul>	Ia & V	+
<p><b>Recommendation 2.7:</b></p> <p>Refer adults at risk for falls or fall injuries to the appropriate health-care provider for advice about vitamin D supplementation.</p>	V	<b>NEW</b>
<p><b>Recommendation 2.8:</b></p> <p>Encourage dietary interventions and other strategies to optimize bone health in adults at risk for falls or fall injuries, particularly those at risk for fracture. Refer to the appropriate health-care provider for advice and individualized interventions.</p>	V	+
<p><b>Recommendation 2.9:</b></p> <p>Consider hip protectors as an intervention to reduce the risk of hip fracture among adults at risk for falls and hip fracture. Review the evidence, potential benefits, harms, and barriers to use with the person to support individualized decisions.</p>	Ia	+
<p><b>3.0 Research Question #3:</b> What interventions or processes should occur immediately following a fall?</p>		
<p><b>Recommendation 3.1:</b></p> <p>After a person falls, provide the following interventions:</p> <ul style="list-style-type: none"> <li>■ conduct a physical examination to assess for injury and to determine the severity of any fall injuries;</li> <li>■ provide appropriate treatment and care;</li> <li>■ monitor for injuries that may not be immediately apparent;</li> <li>■ conduct a post-fall assessment to determine factors that contributed to the fall;</li> <li>■ collaborate with the person and the interprofessional team to conduct further assessments and determine appropriate interventions; and</li> <li>■ refer the person to the appropriate health-care provider(s) for physical rehabilitation and/or to support psychological well-being (as needed).</li> </ul>	III & V	+

EDUCATION RECOMMENDATIONS	LEVEL OF EVIDENCE	STATUS
<b>4.0 Research Question #4:</b> What content and educational strategies are necessary to effectively educate nurses and other health-care providers to prevent falls and injury from falls?		
<b>Recommendation 4.1:</b> Educational institutions incorporate content on falls prevention and injury reduction into health-care education and training programs.	V	+
<b>Recommendation 4.2:</b> Health-care organizations provide ongoing organization-wide education to all staff in conjunction with other activities to help prevent falls and reduce injuries among persons in their care.	Ia	+
ORGANIZATION AND POLICY RECOMMENDATIONS	LEVEL OF EVIDENCE	STATUS
<b>5.0 Research Question #5:</b> What organizational policies and system-level supports are required to help prevent falls and injuries from falls among at-risk adults?		
<b>Recommendation 5.1:</b> To ensure a safe environment: <ul style="list-style-type: none"> <li>■ implement universal falls precautions, and</li> <li>■ identify and modify equipment and other factors in the physical/structural environment that contribute to risk for falls and fall injuries.</li> </ul>	Ia	+
<b>Recommendation 5.2:</b> Organizational leaders, in collaboration with teams, apply implementation science strategies to enable successful implementation and sustainability of falls prevention/injury reduction initiatives. This includes identifying barriers and establishing formalized supports and structures within the organization.	Ia	<b>NEW</b>
<b>Recommendation 5.3:</b> Implement rounding as a strategy to proactively meet the person’s needs and prevent falls.	Ia	<b>NEW</b>