



Service Priorities and Programmes Electronic Presentations

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Fall prevention in Neurology and Stroke setting

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Introduction

There were a total of 12 fall incidents in our Neurology and Stroke Unit (B7 ward) since 2015. These fall incidents involved seven Stroke patients, two Epilepsy patients, one Parkinson's disease patient, one Myasthenia Gravis (MG) patient, and one Urticaria patient. Majority of these patients sustained level 1 injury, i.e., Incident occurred and reached patient but no injury sustained. All these patients were having mobility level 5 and GCS 15/15. They were assessed to have a risk score (Morse Fall Score) of below 45 and were considered as not at risk of fall. Under these circumstances, if furniture that might trip patients were not located in the corridor or bed side area, why these fall incidents still happened?

Objectives

Minimize the Fall incidents in the Neurology and Stroke setting

Methodology

Review the underlying reasons of the Fall incidents and implement measures to bridge the gap

Result

Gaps identified:

Difficulty in assessing Stroke patients' mental status

After an in depth review of the mental status in Fall Risk assessment record, all seven Stroke patients were rated as orientated to their own ability. As these patients were having Ischaemic Stroke or Haemorrhage of the Right Brain Hemisphere, they have a higher possibility to develop Anosognosia (Pia, et al., 2004), a disability to acknowledge physical impairment, neglect and even fail to respond to objects or sensory stimuli on affected body area. Therefore nurse may be misled and over-rate their mental status resulting in excluding these patients from fall risk group.

Lack of alertness for patients undergoing drug adjustment therapy

Two Epilepsy patients and one Parkinson's disease patient had sustained falls when Physician tail off their Anti-convulsive therapy Epilepsy, the patients' mental status was affected and convulsions triggered. This is why nurses should well document and

highlight this in the assessment form. Similar situation happens when Parkinson's disease patients were adjusting the amount of Levodopa. Sometimes, patients will be having bradykinesia, muscles rigidity and tremor. Again these patients should be included in the Fall Risk group and nurses should carefully assess their mobility level. Measures to bridge the gap

1. Fall education pamphlets are offer to Stroke, Neurological patients and their relatives during hospitalization to facilitate better communication and comply to fall precautions.
2. Educate Epilepsy and Parkinson's disease patients and monitor them closely during drug adjustment therapy.
3. Keep vigilance and make regular OPAR round
4. Fall Morse Assessment should be accurately performed
5. Frontline health care workers are educated on fall precautions based on disease nature or treatment modality of patients.

The program commenced in 16 Jan 2017 and will be monitored half yearly to review the effectiveness of the Fall prevention measures.