**REASONS AND RISKS**

**FOR FALLS**

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**COGNITIVE PROBLEMS:**

* Memory loss resulting in decreased attention to risks and decreased safety awareness
* Misinterpretation of their environment and failure to recognize unsafe situations such as slippery floor surfaces and insufficient lighting
* Intellectual loss resulting in resident forgetting how to perform basic bodily functions such as eating or walking
* Delirium causes increased confusion and drowsiness
* Inability to follow verbal direction and communication barriers complicate moving the resident

**COORDINATION DIFFICULTIES:**

* Loss of balance caused by stress or being startled
* Slowed reaction time, which makes it more difficult to regain balance if balance is lost
* Tilting head back to look up
* Posture changes which cause center of gravity to change
* Decreased vision, poor depth perception, inability to sense location of feet
* Coordination is lost because the resident may forget how to perform complex motor tasks like walking

**MUSCULAR, JOINT AND SKELETAL PROBLEMS:**

* Joints become stiff
* Muscles weaken
* Osteoporosis which causes fractures cause falls (OFTEN A FRACTURE CAUSES A FALL RATHER THAN A FALL CAUSING A FRACTURE)
* Motor problems caused by previous CVA, severe arthritis, or a past history of falls with injury

**MEDICATIONS:**

* Tranquilizers, sedatives, diuretics, and antihypertensive medications can cause dizziness or “light headedness”
* Diuretics, antihypertensives and psychotropic medications can cause lowering of blood pressure when the resident stands up
* Pyschotropic medications can cause sedation and confusion
* Antipsychotic medications can cause stiffness, rigidity, and Parkinsonism, increasing difficulty in rising from a chair or walking