

Fall Prevention for the Elderly who have Just had Surgery

ESSAYBOX

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Introduction

Falls amongst the elderly in the society is one of the major challenges facing healthcare professionals across the globe. In other words, mortality and morbidity are some of the serious impacts of fall among the elderly. Since community health nursing entails synthesizing both public health practice and nursing in a bid to protect and promote the health status of any society, the public at risk (PAR) I identified for this project are the elderly who have just had surgery. According to Currie (2016), there are high chances of fall for the elderly who have just had a surgery due to the nature of their immune systems and general body strength. This increases risk of hip fracture, hypertension, or even death. To be precise, Curie's (2016) research sampled 89 informal caregivers for the elderly and according to the results, 62.7% of them believe that it is possible to prevent fall prevention amongst the elderly especially those who have just had surgery.

A different research by Hughes (2016), which sampled caregivers for the elderly in 5 institutions in Los Angeles, indicates that 92.5% of the caregivers agreed they had witnessed fall amongst the elderly who had surgery in less than 3 years of practice. Such figures are worrying given the fall of the elderly after surgery indicates that the former will be under critical care forever; thus, higher cost for the family and tax payers as well. On the other hand, McClure, Turner, and Peel et al. (2012) explain that in their research which sampled 252 patients in different healthcare institutions, 86% ($P=0.041$) of the elderly had agreed to experience fall after undergoing surgery. McClure et al.'s research is not different from the one presented by Kannus, Sievänen, and Palvanen (2010) who explain that falls are very common for elderly patients especially those aged 65 years and above. To be precise, Kannus et al. (2010) assert that falls

among the elderly who have had surgery are also associated with psychological trauma, reduced mobility, social isolation, and being fully dependent. In this context, the patients reported kyphosis which portrayed great association with falls immediately after surgery. At the same time, the selected PAR is important to me since as a young child, I watched one of our aged neighbors succumb due to fall after undergoing a kidney operation. Actually, this happened in a reputable institution that takes care of the elderly and due to the trauma, that I underwent to witness the death of one of my beloved neighbors pass away, I decided to share this information to caregivers and family members to avert such losses. Therefore, the strategies to mitigate fall amongst the elderly who have just had surgery and possible diagnosis for the same is an essential element of community health nursing and forms a strong basis for discussion for this paper.

Community Assessment

At the same time, my community assessment entailed collection of data regarding falls amongst the elderly in Baltimore, Maryland state. Apparently, this entailed identifying the quality of life in Baltimore and various services offered for the elderly who have just had surgery such as advise about their lifestyles and support through various medication procedures including surgeries. According to cdc.gov (2017), in 2015 alone, around 29 million elderly population in the U.S were reported to have experienced fall after surgery. Consequently, this cost the Medicare program around \$31 billion expenditure (cdc.gov, 2017). As if that is not enough, cdc.gov explains that each day, over 65,000 Americans turn over 65 years; therefore, increasing the chances of higher falls and deaths after surgery. Different from that, there are various services offered by healthcare institutions in Baltimore but the research focused on only 15 healthcare centers and 20 families within the town. In this context, the review of the population at risk's opinion about fall prevention especially after undergoing surgeries and their experience

about the same was quite important. A significant proportion of Baltimore's population is aged and failure to mitigate fall after surgery could worsen the economic, social, and political roles played by the population age-group in the society. To be precise, I issued around 65 questionnaires amongst the healthcare professionals and families with elderly especially those who have undergone surgery. At the end, I received 62 questionnaires from the sample implying that the study was quite valid and logical in the selected population. Therefore, it was logical to conclude that the study was quite applicable and the selected sample was a true representative of the population of Maryland and the United States as a whole.

On the other hand, the activities prior to the journal involved a review of the statistics of the cases of fall amongst the elderly who had surgery. Apparently, this entailed communicating with patients and their caretakers so as to acquire real-time data and information. Further, communication with patients, victims, and guardians significantly reduced the chances of fall among the elderly. Most importantly, I urged the caretakers and patients to always ensure that the environment is safe, they take all the medication as prescribed, and if instances of lightheadedness and blurred vision persist, then they could visit a doctor as soon as possible.

As if that is not enough, a clear connection between the course content and the clinical activities arises in population-focused nursing and care. Due to various factors highlighted above, the aged who have been operated face vital dangers of fall which might lead to bone fracture or death. Identifying the issue and patterns in Maryland population connects with the health promotion and risk reduction section of the course. Further, identifying the patients and identifying the major symptom of a fall links with the evaluation or assessment section of the course. Dealing with the patients' caretakers and informing new patients is part of health promotion in the course. Equally important, dealing with the aged who have had surgery is part

of population-focused nursing while proving alert to medical institutions about the issue is part of community health evaluation.

In the same token, the risk factors for the PAR includes failure to identify the exact challenge facing the patient since there are various causes of fall as described above. As if that is not enough, most of the elderly are usually silent about their health status. Fall after surgery is dangerous since it might lead to hip fractures, development of hypertension, or even death among the elderly. Different from that, the solution is to counsel the patients and their caretakers on the need to embrace measures like performing a safety assessment of their milieu, supporting them as they take simple steps, and ensuring they take all their medication.

On the other hand, one of the challenges I faced during the study was lack of sufficient resources especially time to effectively conduct the research in the chosen region. Apparently, identification of the selected sample was another problem since I am not fully conversant with the entire regions of Baltimore. Consequently, I had to optimize the help of healthcare caregivers to obtain information about the homesteads with elderly persons. Equally important, acquiring necessary authorization from healthcare institutions from the management was another challenged faced throughout the research. As if that is not enough, lack of sufficient funds to print the questionnaires and drive to and from the homes of the PAR was a great challenge faced during the study.

Community-Based Diagnosis

The clinical outcomes present the need for identifying solutions to fall amongst the elderly who have had surgery in Maryland. The major causes of fall amongst the elderly in Baltimore includes anesthesia influence, blurred vision, alcohol, lightheadedness, osteoporosis, and unclear

pathways. In the same token, these cases are on the rise in Maryland and the public should be educated on mitigation measures. As if that is not enough, 92% of the sample indicated that at some point, they had experienced fall after surgery. In the same token, 98% of the family members and caregivers agreed that they had tried their best to stop falls after surgery but the main challenge was that the elderly was not cooperative in anyway especially when it comes to taking medication, walking in clutches and in well-lit regions, and many other challenges. All in all, the assessment shows that the major cause of fall after surgery is to be blamed on the elderly given family members and caregivers significantly play their roles in mitigating fall after operation for the aged. Further, the assessment indicates that the major impacts of fall after surgery were mainly development of hypertension, blood pressure complications, diabetes development, and in some instances issues of death.

Planning

One of the short-term goals of the community health project assessment was identification of the best strategies to help mitigate falls amongst the elderly in Baltimore. However, it was crucial to identify the major causes of fall for the elderly who have just had surgery before coming up with proposals on how to mitigate the same. Undeniably, this is realistic so as to assess the population at risk and directly relate to the scope of nurses' practice especially for caregivers. Short-term goals could be measured through the analysis of questionnaires provided to the selected sample; thus, making it highly realistic and measurable. As if that is not enough, one of the long-term goals was the identification of long-lasting solutions to the challenge of fall amongst the elderly who have just had surgery. The other long-term goal was providing a proposal to the audience (healthcare professionals, elderly, and family members) on how to best handle or prevent falls amongst the elderly in the future.

Interventions

From the analysis above, it is clear that falls amongst the elderly who have just had surgery results from combination of different factors like effective clinical strategies for assessment of the given risks as well as addressing many other precipitating and predisposing factors. In other words, one of the major causes of fall amongst the elderly who have had surgery is overdose or wrong diagnosis of operation drugs such as anesthesia. Undeniably, some medication uses during surgery results to dehydration and dizziness amongst the elderly; thus, leading to fall moments after walking from the operation room. In the same sequence, vision is adversely affected by drugs used by anesthesia and the operation of the aged. On the other hand, provision of a rational approach to help prevent fall among the elderly is quite important because majority of them are not willing to voluntarily provide information to physicians. As a result, the physicians and caregivers should frequently discuss with their clients about the adverse impacts of falls after surgery and the possible strategies on how to avoid the same.

Limiting Use of Some Drugs

At the same time, the primary intervention that can be used to counter or prevent falls for the elderly who have just had surgery is averting the side effects of drugs or drug abuse. In this context, family members or caregivers should be keen to review all medications given to the elderly; especially over-the-counter medications so as to avert fall due to the side effects of the drugs. When asked about the relation between drugs and fall amongst the elderly, 92% of the healthcare professionals agreed that indeed, some drugs such as anesthetic drugs. Further, the same number of healthcare professionals indicate that the major causes of fall after surgery of the elderly is due to anesthesia, complicated or lengthy hospital stays, and delay of the right time for

the patient to leave for home. Typically, such drugs act on the brain which leads to lightheadedness or drowsiness; thus, sequential fall amongst the elderly. Examples of such drugs include; which were provided by 89% of the healthcare professionals and 78% of the elderly sample who have ever witnessed fall after surgery and that were surveyed, include sedative such as temazepam, nitrazepam, lortemazepam, flurazepam, oxazepam, and other kinds of benzodiazepines (Hughes, 2016). Further “Zs” sedatives like zolpidem and zopiclone can cause slow reactions, drowsiness, and impaired balance hence fall for the elderly.

As if that is not enough, 89% of the healthcare professionals and 62% of the elderly who have at some point experienced fall after surgery indicated that sedating antidepressants such as tricyclics also lead to fall after surgery. Examples of tricyclics include dosulepin, imipramine, clomipramine, doxepin, nortriptyline, lofepramine, and many more (Currie, 2016). Different from that, the other population of the sample agreed that falls after surgery are often caused by drugs like phenytoin, codeine, tramadol, morphine, venlafaxine, carbamazepine, sodium valproate, levetiracetam, pramipexole, selegiline, and oxybutynin. However, an important lesson that should be acquired from this intervention is how drugs lead to falls after surgery amongst the selected population at risk. Apparently, sufficient blood flow especially to the brain is essential for maintenance of an upright posture and maintenance of consciousness. Undeniably, this needs a sustainable quantity of pulsation rate and blood pressure.

Notably, the blood pressure of 91% of the elderly who were studied in this assessment had records that their systolic blood pressure is at some point as high as 110mmHg (Hughes, 2016). Consequently, the effects of drugs would be reduction of blood pressure which slows the pulsation rates leads to unconsciousness due to lack of proper neural coordination between the legs and the brain. Examples of such drugs include clonidine, Bendroflumethiazide, moxonidine,

metolazone, bumetanide, furosemide, lisinopril, enalapril, fosinopril, doxazosin and many more. Therefore, the intake of all these drugs should be highly limited. Undeniably, this intervention is related to the *Healthy People 2020* policy of achieving health equity, improving the health status of all groups, and elimination of all disparities since it empowers the society to counter falls after surgery of the elderly (Healthy People 2020, 2017).

Monitoring Drug Intake

Apparently, 98% of the sample agreed that from experience, they were aware that the drug intake of the elderly is very inconsistent especially after surgery. Apparently, the drugs mentioned above are some of the major causes of falls among the elderly. Therefore, the drugs prescribed by the doctors should be taken as instructed with no worries at all. On the other hand, failure to take such drugs could be one of the major causes of the elderly. Undeniably, the selected PAR tends to be quiet and reserved in sharing information; therefore, only family members and caregivers can monitor the drug intake. Consequently, the secondary intervention presented in this case is observing the environment of the elderly especially those who have just had surgery and their drug intake as well.

In the same context, after operation, the elderly might take several weeks to come back to their normal status so healthcare givers and family members should always monitor their drug intake. Moreover, the drugs highlighted above should be evaded at all cost unless there is no other possible prescription for a given client. In the same token, discontinuation of some psychotropic medication such as benzodiazepines, sleep medication, antidepressants, and neuroleptic agents is also key for the prevention of fall amongst the elderly. This intervention is related to the promotion of quality life, healthy behaviors, and healthy development across all

stages of life; by focusing on monitoring the health status and well-being of the elderly (Healthy People 2020, 2017).

Discussion about the PAR's Health Condition

As already stated above, the elderly are rarely willing to provide information about their health status which presents significant challenge to the healthcare givers and family members as well. However, in the event of severe pain, dehydration and dizziness might become evident amongst the elderly. Further, their vision can also become adversely affected by medication and surgery. This is according to around 86% of the healthcare givers surveyed during the assessment. Consequently, the aim of this tertiary intervention is the identification of the best strategy for the healthcare givers and family members to utilize so as to avert the impacts of fall.

According to Kannus, Sievänen, and Palvanen et al. (2010), single-intervention methods have always proved very effective in the elderly especially for fall prevention. Further, the authors recommend supervised balance, muscle-strengthening exercises, gait training, gradual stopping of psychotropic medication intake as well as the modification of possible hazards both at home and in hospitals (McClure, 2012). Undeniably, this intervention is related to the creation of physical and social environments which are geared towards promoting good health for all by analyzing the significance of discussing the elderly's health status (Healthy People 2020, 2017).

Supporting them Physically

The fourth intervention is more related to the third one and it solely involves securing the environment or milieu of the aged; where they live, sleep, and walk. Further, this intervention entails supporting the elderly who have just had surgery to avoid fall. Apparently, this is because imbalance and dizziness are not easily predictable especially for the aged whose walking and posture is already distorted. Therefore, caregivers should be keen to ensure that the elderly are

well-supported as they walk. Further, in a bid to secure their milieu, all bathroom tiles should be maintained rough since according to the assessment, 84% of the elderly who had experience fall after surgery did the same in the bathroom.

As if that is not enough, there is need to oversee increased lighting systems in the house and pavements where they walk through to avoid possible falls. In the same token, all floors and stairs should be kept empty and very dry to reduce the chances of slipping while walking (Kannus, 2010). Apparently, this intervention is related to attaining high-quality and elongation of lives free from disability, preventable diseases, premature deaths, and injury policy of *Health People 2020* since it analyzes the best strategies to utilize in preventing fall in the elderly who have just had surgery (Healthy People 2020, 2017).

Evaluation

The primary intervention of dealing with the side effects of drugs or drug abuse will be evaluated at least 3 times at the intervals of around 2 months. Apparently, the PAR is already aware of the importance of the intervention; therefore, the evaluation will basically entail the collection of data regarding its effectiveness. Further, the intervention of monitoring medication intake shall be conducted by visiting healthcare institutions and talking to caregivers or family members regarding their efficiency in monitoring the intake of drugs for the stated PAR. Equally important, this will take the same period and it will also cover the elderly since most of them are also conscious of their action. As if that is not enough, the tertiary intervention of monitoring the health progress and condition shall be lengthier since it shall entail visiting healthcare institutions in order to acquire data about the physical progress of the selected public at risk selected for this project. In the same token, just like the other interventions, this will last for several months and caregivers shall also be requested to provide their role in monitoring the health status of the

selected PAR. As if that is not enough, the final intervention of supporting the selected PAR physically shall cover the given period of time and it will entail visiting the homes and healthcare institutions tasked with caregiving for the elderly and identify the number of cases of fall after surgery. In all interventions, evaluation will involve monthly identification of progress and rate of falls after surgery for the selected PAR.

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