

Rapid appraisal of selected sources of literature research paper samples

[Technology](#), [Development](#)



Bloch, F., Gautier, V., Noury, N., Lundy, J. E., Poujaud, J., Claessens, Y. E. & Rigaud, A. S. (2011). Evaluation under real-life conditions of a stand-alone fall detector for the elderly subjects (Bloch et al., 2011). *Annals of Physical and Rehabilitation Medicine*, 54 (2011): 391-398.

This article describes falls as being overly trivialized by both patients and doctors. Falls, however, can be the main cause of older patients' mortality, morbidity, and being hospitalized. Statistics are included in the report. An example is the average age of elderly (73 years old) found to have fallen, sometimes even dead, and of 51% are women. The article supports my proposed change because the study of Bloch et al. evaluated a fall detector device known as VigiFall.

Boele van Hensbroek, P., van Dijk, N., van Breda, G. F., Scheffer, A. C., van der Cammen, T. J., Lips, P., Goslings, J. C. & de Rooij, S. E. (2009). The CAREFALL Triage instrument identifying risk factors for recurrent falls in elderly patients. *The American Journal of Emergency Medicine* (1): 23-26. doi.org/10.1016/j.ajem.2008.01.029.

Falls among the elderly result in serious injuries. In the Netherlands, 16,000 elderly patients seek treatment in hospitals because of falls, and 79% of these are admitted most often because of fractures. This article supports my proposed change because it discusses the CAREFLL Triage instrument, a method that identifies modifiable risk factors for recurrent falls of the elderly.

da Costa B. R., Rutjes, A. W. S., Mendy, A., Freund-Heritage, R. & Vieira, E. R. (2012) Can Falls Risk Prediction Tools Correctly Identify Fall-Prone Elderly Rehabilitation Inpatients? A Systematic Review and Meta-Analysis. *PLoS ONE*

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7(7): e41061. doi: 10. 1371/journal. pone. 0041061.

Falls can result in permanent disability, even death, among the elderly who are rehabilitating in hospitals. Complications from falls lead to prolonged hospital stay and increased treatment costs. In the UK, costs from falls are estimated to be at least 92 million pounds annually. This article does not contain support for my proposed change as it does not identify any tool to prevent falls among the elderly.

Dykes, P., Carroll, D., McColgan, K., Hurley, A., Lipsitz, S., Colombo, L., Middleton, B. (2011). Scales for assessing self-efficacy of nurse s and assistants for preventing falls. *Journal of Advanced Nursing*, 67(2), 438–449. doi: 10. 1111/j. 1365-2648. 2010. 05501. x.

Falls, even just a single incident, can negatively affect the health of the elderly. Their being in the hospital also makes the elderly more prone to falls. Those between the ages of 76 and 85 have a five-fold risk of falling than those in the younger age brackets. This article support my proposed change because the authors discuss how they developed the self-efficacy scales for nurses and assistants which addresses the need to prevent patient falls in hospitals.

Homann B, Plaschg A, Grundner M, Haubenhofner, A., Griedl, T., Ivanic, G., Hofer, E., Fazekas, F. & Homann, C. N. (2013). The impact of neurological disorders on the risk for falls in the community dwelling elderly: case-controlled study. *BMJ Open*; 3(11): e003367. doi: 10. 1136/bmjopen-2013-003367.

The increasing number of the elderly population globally translates to a very high economic and societal impact of falls in all countries in the coming

years, thus, the issue of falls needs to be addressed. In this study, 46.5% of neurological patients experienced falls compared to 16.1% of the control.

This article supports my proposed change because the researchers recommended that health personnel should make it part of their routine interviews to ask patients about fall incidents and also provide information on how to prevent such falls.

Mamun, K. & Lim, JKH. (2009). Association between falls and high-risk medication use in hospitalized Asian elderly patients. *Geriatrics Gerontology International*, 9: 276-281. doi: 10.1111/j.1447-0594.2009.00533.x.

Falls are common among the elderly; these are also of serious concern. The increase in age also has a corresponding increase in the number of falls and injuries related to such incidents. The article includes tables showing characteristics of fallers and circumstances of falls. This study supports my proposed change because it points out that drugs that are inappropriate should be stopped to prevent further incidents of falls among the elderly.

Miller, E., Wightman, E., Rumbolt, K., McConnell, S., Berg, K., Devereaux, M. & Campbell, F. (2009). Management of fall-related injuries in the elderly: A retrospective chart review of patients presenting to the emergency department of a community-based teaching hospital. *Physiotherapy Canada*, 61 (1): 26-37.

Elderly patients who sustain injuries after a fall most frequently would visit the emergency department of hospitals. This research contains information and statistics regarding characteristics and demographics of older patients who visit the emergency room. This article supports my proposed change because it presents the current situation in the emergency department who

handles fall-related injuries of the elderly.

Mussi, C., Galizia, G., Abete, P., Morrione, A., Maraviglia, A., Noro, G., Cavagnaro, P., Ghirelli, L., Tava, G., Rengo, F., Masotti, G., Salvioli, G., Marchionni, N. & Ungar, A. (2013). Unexplained Falls Are Frequent in Patients with Fall-Related Injury Admitted to Orthopaedic Wards: The UFO Study (Unexplained Falls in Older Patients). *Current Gerontology and Geriatrics Research*, 2013. Doi. org/10. 1155/2013/928603.

Falls are a major factor in the death of elderly people in the United States. Statistics show that 70% of deaths of those aged 75 years and above are attributed to falls. More than half (60%) of those who live in nursing homes experience falls, and for one-half of these fallers, the incidents happen multiple times. The article includes a table presenting clinical characteristics of patients with fall-related injuries. It also supports my proposed change because of its recommendation to conduct evaluation and intervention of elderly who are treated at the orthopaedic department of hospitals.

Nabeshima, A., Hagihara, A., Hayashi, K., Nabeshima, S. & Okochi, J. (2007). Identifying interacting predictors of falling among hospitalized elderly in Japan: A signal detection approach. *Geriatrics Gerontology International*, 7: 160-166. doi: 10. 1111/j. 1447-0594. 2007. 00391. x

Falls take place because of the interaction of various risk factors. Such incidents can result in injuries, even becoming bedridden. In nursing homes in Japan, fall incidents are experienced by 15% of the homes' residents. This article also includes statistics contained in tables and graphs. The discussion of the researchers supports my proposed change because they highlight the need for tailored interventions that would limit the falls of elderly patients.

Pfortmueller, C. A., Kunz, M., Lindner, G., Zisakis, A., Puig, S. & Exadaktylos, A. K. (2014). Fall-Related Emergency Department Admission: Fall Environment and Settings and Related Injury Patterns in 6357 Patients with Special Emphasis on the Elderly. *The Scientific World Journal*. 2014: 256519. Doi. 10. 1155/2014/256519.

Falls among the elderly translate to increasing costs. Older female patients are more likely to sustain fractures from these falls. The article provides patients characteristics and graphs on risk analysis and distribution of injuries. This study does not contain much information that can support my proposed change as it only recommends further studies that can screen elderly fall patients in the emergency department.

Quinn, P. & Horgan, F. (2013). Single- and dual-task assessments in elderly patients in a falls intervention programme. *International Journal of Therapy and Rehabilitation*, 20 (11): 530-535.

This article emphasizes the relationship between falls and cognitive impairment. Older people experience a decline in their executive function, and such cognitive decline has been identified as a risk factor for falls. A common result of falls is hip fracture. This condition is a major concern as treatment of hip fractures and the associated long-term care of the elderly with such ailment estimated to reach 7. 6 million pounds. This article provides support for my proposed change because it discusses a practical method for identifying the elderly who are most likely to be fallers in either hospitals or in community setting.

Rhalimi, M., Helou, R. & Jaeker, P. (2009). Medication Use and Increased Risk of Falls in Hospitalized Elderly Patients: A Retrospective, Case-Control Study.

Drugs Aging, 26(10): 847-852.

The falls that elderly people experience can result in serious injuries. Taking medications is a major risk factor because there are certain drugs, most commonly taken by older people suffering from chronic conditions, which can lead to falls. Half of the incidents of falls take place during the first week of the older people's confinement in hospitals. The drugs associated with increased falls include zolpidem and meprobamate. This article provides support for my proposed change because it identifies which drugs can result in more falls.

Shimada, H., Suzukawa, M., Ishizaki, T., Kobayashi, K., Kim, H. & Suzuki, T. (2011). Relationship between subjective fall risk assessment and falls and fall-related fractures in frail elderly people BMC Geriatrics 11: 40. doi: 10.1186/1471-2318-11-40.

Fractures resulting from falls are common among elderly people. Those who have impaired mobility caused by disorders in balance and gait are more likely to experience falls. This article describes both objective and subjective tests that assess who are most likely to experience falls among the elderly. This study supports my proposed change because it identifies subjective methods that can be used as an assessment tool for fallers who are unable to perform the objective tests.

Sirkin, A. M. & Rosner, N. G. (2008). Hypertensive management in the elderly patient at risk for falls. Journal of the American Academy of Nurse Practitioners, 21: 402-408. doi: 10.1111/j.1745-7599.2009.00418.x

Falls have been identified as the leading cause of injury-related deaths among the elderly. In the US, the total direct cost of injuries resulting from

falls reaches 19 billion dollars in the year 2000. Since older people suffer from chronic conditions, they are most likely to take multiple medications. As they take in more kinds of drugs, their risk of falls also increases. This article supports my proposed change because it highlights the need for regular review of the medications taken, and the combinations of these drugs, among the elderly.

Vass, C. D., Sahota, O., Drummond, A., Kendrick, D., Gladman¹, J., Sach, T., Avis, M. & Grainge, M.(2009). REFINE (Reducing Falls in In-patient Elderly) - a randomised controlled trial. *Trials*, 10: 83-86. Doi. 10. 1186/1745-6215-10-83

The elderly in hospitals are three times most likely to experience falls than those in community dwellings. In the UK, there were more than 200, 000 falls that occurred within a one year period in 2005-2006. This article supports my proposed change because it discusses REFINE (Reducing falls in In-patient Elderly), an instrument that can be used to prevent falls among the elderly patients.