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Preventing Falls in the Elderly

by Carol Anne Weiss, RN, MSN, NP-C and Fran Kestel, RN-BC, MS

NA151 | 1.00 contact hrs

Please review the required clinical vignette below and answer the quiz questions.

You must answer all questions correctly to proceed. If you answer a question incorrectly, we will provide a clue to the correct answer.

Once you successfully completed the short test associated with the clinical vignette, proceed to the multiple-choice exam.

To earn contact hours, you must achieve a score of 75% on your exam. You may retake the test as many times as necessary to pass the test.

Mrs. Cane is a 72-year-old widow who had previously lived with her daughter. Although she has enjoyed good health, her medical history includes significant osteoporosis and chronic constipation for which she took various multivitamins and bowel preparations. Unfortunately Mrs. Cane recently fractured her left humerus after falling out of bed. She was admitted to the nursing home for rehabilitation after the accident but is responding poorly to attempts at skilled intervention. The physical therapist reports Mrs. Cane has been uncooperative and has been refusing treatments or ambulation. She is also unwilling to use the bathroom or go to the dining room for meals. She continually expresses fear of falling while getting out of bed. She rejects antidepressants and has countered any reassurances or offers of assistance. Mrs. Cane is becoming deconditioned, and she is developing pressure ulcers, muscle atrophy and urosepsis.

At a multidisciplinary meeting, the team decides that physical therapy and nursing staff will work together to recondition and strengthen Mrs. Cane in her room. The aid of a psychologist will be enlisted to help Mrs. Cane work through her fears and losses. Frequent repositioning, an air mattress, and dressings will be used to address her pressure ulcers. A dietitian will make daily visits to ensure Mrs. Cane's participation in determining her diet, which will include nutritional supplements.

Although Mrs. Cane remains in the nursing home, she has learned to ambulate in the halls with the aid of a walker and a companion. She frequently smiles and jokes with the clinical staff, and she especially enjoys visits from her daughter.

1) Functional losses, such as those experienced by Mrs. Cane, are a significant consequence of falls. Which of the following statements is correct?

- ☐ A. A functional loss can only be caused by physical injury.
- ☐ B. A functional loss can have a psychological etiology.
- ☐ C. A functional loss is present in every patient after a fall.
- ☐ D. Falls are a normal part of the aging process.

2) The loss of mobility is associated with all of the following EXCEPT:

- ☐ A. Dehydration
- ☐ B. Vitamin K deficiency
- ☐ C. Incontinence
- ☐ D. Weakness and incontinence

3) Frail, elderly patients have low reserves and are highly susceptible to:

- ☐ A. Infections and sepsis
- ☐ B. Narcotic addiction
- ☐ C. Obesity
- ☐ D. Hypnotic suggestion

4) The most effective approach in assessing and treating falls is:

- ☐ A. Physical
- ☐ B. Medical
- ☐ C. Psychological
- ☐ D. Multidisciplinary

Score Vignette

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To earn contact hours, you must achieve a score of 75% on your multiple-choice exam.
You may retake the test as many times as necessary to pass. Hints are not provided on the exam.

1) The U.S. Preventive Services Task Force recommends assessing an older person's risk for falls by asking about a history of falls and mobility problems and:

- ☐ A. Checking the blood pressure
- ☐ B. Ordering an MRI
- ☐ C. Performing a timed Get-Up-and-Go test
- ☐ D. Conducting a multifactorial risk assessment

2) A study found that 45% of hospital falls were associated with:

- ☐ A. Transferring to a wheelchair
- ☐ B. Toileting
- ☐ C. Ambulation
- ☐ D. Meal time

3) Community-dwelling seniors should have at least _____ minutes a week of moderate exercise to prevent falls.

- ☐ A. 150
- ☐ B. 20
- ☐ C. 200
- ☐ D. 2,000

4) A common fall risk factor for older adults is:

- ☐ A. Orthostatic hypotension
- ☐ B. Myocardial infarction
- ☐ C. Heart failure

- ☐ D. Peripheral vascular disease

5) Intrinsic factors that contribute to falls include:

- ☐ A. Ill-fitted assistive devices
☐ B. The use of restraints
☐ C. Foot problems
☐ D. Low socioeconomic status

6) Serious physical consequences of falls include all of the following EXCEPT:

- ☐ A. Dementia
☐ B. Hip fractures
☐ C. Lacerations
☐ D. Traumatic brain injury

7) The Beers Criteria is a list of:

- ☐ A. Over-the-counter medications.
☐ B. Intravenous medications.
☐ C. Medications that should only be prescribed by a gerontologist.
☐ D. Medications that should be avoided in older adults.

8) A Cochrane Database Review found that _____ significantly reduced the risk of falling for community-dwelling older people.

- ☐ A. A bone scan
☐ B. Tai chi
☐ C. Decreasing psychotropic medications
☐ D. Swimming

9) The clinician's evaluation of a patient who sustained a fall needs to include:

- ☐ A. An intelligence quotient
☐ B. An orthostatic blood pressure
☐ C. A complete MDS
☐ D. An MRI

10) Fall prevention strategies include all of the following EXCEPT:

- ☐ A. Patient education of fall risk
☐ B. Monitoring for changes in vital signs
☐ C. Safety checks for environmental hazards
☐ D. Restraining the patient

11) The total cost of fall-related injuries in people over age 65 in 2010 was more than \$30 billion. By 2020, these costs are expected to:

- ☐ A. Be covered by liability insurance
- ☐ B. Double
- ☐ C. Quadruple
- ☐ D. Decrease

12) Many seniors who fall will:

- ☐ A. Develop a fear of falling again
- ☐ B. Never fall again
- ☐ C. Require sutures
- ☐ D. Need psychotropic medications

Score Test

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