

**CLINICAL GUIDELINES  
FOR  
SENIORS FALLS PREVENTION**

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## CLINICAL GUIDELINES FOR SENIORS' FALLS PREVENTION

Clinical guidelines for seniors' falls prevention recommend evidence-based courses of action at identified decision points in the care of seniors prone to falling. This document describes the procedures used for an international search for guidelines and then offers a summary of ten guidelines that most effectively meet the search criteria and guideline definitions.

### 1) SEARCH CRITERIA:

In order for a guideline to be included in the search process it needed to:

- a) meet the clinical guideline definition (below);
- b) address falls prevention or fall-related injuries in people primarily over 65 years of age; and
- c) have been produced within the last 15 years

### 2) SEARCH METHODS:

The search was conducted through online databases including Pubmed, Ageline, ScienceDirect, Medline, PsycInfo, CINAHL, Social Sciences Index, Health Source: Nursing/Academic Edition, and the National Guideline Clearinghouse. In addition, an internet search was completed using Google ([www.google.ca](http://www.google.ca)) and the following search terms: falls guidelines, falls, falls prevention, falls in older adults, falls in seniors, falls injuries, falls intervention, fall assessment, and best practices.

The search was conducted, under the supervision by Dr. Vicky Scott (Senior Advisor on Falls and Injury Prevention with the BC Injury Research and Prevention Unit), by staff at the Centre on Aging at the University of Victoria, and Bronwen Duncan (Administrative Assistant with the BC Injury Research and Prevention Unit). Findings were collated and annotated with draft versions reviewed by an advisory panel of experts in the field.

### 3) DEFINITION OF CLINICAL GUIDELINE<sup>1</sup>:

A clinical guideline is a document that aims to guide decisions and criteria in specific areas of healthcare through systematically developed statements, as defined by an authoritative examination of current evidence. They integrate identified decision points and respective courses of action to the clinical judgment and experience of health practitioners.

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<sup>1</sup> Adapted from the National Guideline Clearinghouse Inclusion Criteria, [www.guideline.gov/about/inclusion.aspx](http://www.guideline.gov/about/inclusion.aspx)

Guidelines are characterized by:

- Summarizing consensus statements, but also addressing practical issues.
- Briefly identifying, summarizing and evaluating the best evidence and most current data about prevention, diagnosis, prognosis, therapy, risk/benefit and cost/effectiveness.
- Identifying questions related to clinical practice and identifying all possible decision options and their outcomes.

Additional objectives may be to standardize medical care, to raise quality of care, to reduce several kinds of risk, and to achieve the best balance between cost and medical parameters such as effectiveness, specificity, sensitivity, resolutiveness, etc.

A guideline must meet all the following criteria in order for it to be included in a guideline inventory<sup>2</sup>:

- It must contain systematically developed statements that include recommendations, strategies, or information that assist health care practitioners to make decisions about appropriate health care for specific clinical circumstances.
- It must be produced under the auspices of medical specialty associations, relevant professional societies, government organizations or health care organizations.
- It must be defined by a systematic literature search through an authoritative examination of current scientific evidence published in peer-reviewed journals.

#### **4) RESULTS:**

Twenty-one guidelines were found that matched or were closely aligned with the above guideline definition and guideline criteria. In-depth screening of obtained guidelines led to eleven being discarded due to an incomplete fit with criteria. Reasons for discarding the eleven guidelines included: lacking sufficient information to guide clinical decision-making, being based on outdated evidence, offering a limited applicability of setting, or lacking an adequate focus on falls.

The remaining ten guidelines offered a complete and comprehensive guide for falls prevention clinical decision-making, with recommendations based on a systematic review of current evidence. These are listed in the table below.

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<sup>2</sup> Adapted from the National Guideline Clearinghouse Inclusion Criteria, [www.guideline.gov/about/inclusion.aspx](http://www.guideline.gov/about/inclusion.aspx)

Ref. #	Guideline	General Description	Levels of Evidence? Well referenced?	Applicable Settings	Comments
1	American Geriatrics Society, British Geriatrics Society, & American Academy of Orthopedic Surgeons Panel on Falls Prevention. (2001). Guidelines for the prevention of falls in older persons. <i>Journal of the American Geriatrics Society</i> , 49(5), 664-672. Retrieved October 27, 2006, from <a href="http://www.americangeriatrics.org/products/position_papers/Falls.pdf">www.americangeriatrics.org/products/position_papers/Falls.pdf</a> .	9-page downloadable resource. American and British.	4 levels of evidence. Well referenced.	Community Care Long Term Care Acute Care	Algorithm is commonly used throughout the international falls prevention community and adopted for use within other guidelines. Update expected late 2006.
2	American Medical Directors Association. (2003). <i>Falls and falls risk: Clinical practice guideline</i> .	15-page booklet can be ordered from webpage for \$30 USD (2006) plus shipping. (Retrieved October 27, 2006, from <a href="http://www.amda.com">www.amda.com</a> ). American.  The guideline is designed around the 11 steps identified in the algorithm inside the back cover.	Use of levels of evidence not explicit.  Built by expert consensus and extensive peer review process.  One reference cited – AGS/BGS guidelines (above) plus a 26 item bibliography.	Long Term Care	Designed for practical application.
3	Australian Council for Safety and Quality in Health Care. (2005). <i>Preventing falls and harm from falls in older people: Best practice guidelines for Australian hospitals and residential aged care facilities</i> . Canberra, Australia. Retrieved October 27, 2006, from <a href="http://www.powmri.edu.au/fallsnetwork/safety_and_quality_council_docum.htm">www.powmri.edu.au/fallsnetwork/safety_and_quality_council_docum.htm</a> .	239-page downloadable resource. Australian.  In the introduction, a step-by-step diagrammatic representation identifies the broad approach that follows, reaching from the strategic level (of how to plan, implement and evaluate a falls prevention program) to the specifics of applying interventions at the point of care. Extensive appendixes include charts and tools.	4 levels of evidence and 4 levels of recommendation.  Well referenced.	Acute Care Long Term Care	Extensive, multi-layered resource, designed for practical application.
4	Feder, G., Cryer, C., Donovan, S., & Carter, Y. (2000). Guidelines for the prevention of falls in people over 65. <i>British Medical Journal</i> , 321, 1007-1011.	5-page article.  Written in Britain, but no content specific to Britain.  A compilation of results from systematic reviews and updates of literature. Pilot testing and resulting modifications increases validity.	3 levels of evidence and 3 levels of recommendations.  Well referenced but becoming out of date (newest references date 1998).	Community Care Long Term Care Acute Care	The focus is on providing evidence summaries rather than offering a reference for use in a clinical setting.

Ref. #	Guideline	General Description	Levels of Evidence? Well referenced?	Applicable Settings	Comments
5	Lyons, S. S. (2004). <i>Fall prevention for older adults: Evidence-based protocol</i> . Iowa City, Iowa: The University of Iowa Gerontological Nursing Interventions Research Center Research Translation and Dissemination Core.	60-page resource can be ordered from the University of Iowa's College of Nursing webpage for \$17.50 USD (Retrieved October 27, 2006, from. <a href="http://www.nursing.uiowa.edu/centers/gnirc/RDC%20Order%20Sheet1.pdf">http://www.nursing.uiowa.edu/centers/gnirc/RDC%20Order%20Sheet1.pdf</a> ). American.	4 levels of evidence. Well referenced.	Community Care Long Term Care Acute Care	Algorithm supplied is based on an expanded version of the one developed by the AGS/BGS guideline (above). Designed for practical application, with tools and tests mentioned available in the appendices. Note: an article of the same title in the <i>Journal of Gerontological Nursing</i> is a summary.
6	Moreland, J., Richardson, J., Chan, D. H., O'Neill, J., Bellissimo, A., Grum, R. M., Shanks, L. (2003). Evidence-based guidelines for the secondary prevention of falls in older adults. <i>Gerontology</i> , 49(2), 93-116.	23-page article. Canadian, but with no content specific to Canada. Starts by analyzing the limitations of other falls guidelines and endeavors to fill identified gaps by offering a more complete search of evidence and a summary.	3 grades of evidence. Well referenced.	Community Care Long Term Care	The focus is on providing evidence summaries rather than offering a reference for use in a clinical setting.
7	<i>Clinical practice guideline for the assessment and prevention of falls in older people</i> . (National Institute for Health and Clinical Excellence, 2004). Retrieved Oct. 06 from <a href="http://www.nice.org.uk/page.aspx?o=cg021fullguideline">www.nice.org.uk/page.aspx?o=cg021fullguideline</a>	Very large downloadable resource: 91 pages of core guideline, and approximately 200 pages of appendices. British.	4 levels of evidence and 4 levels of recommendations. Well referenced.	Community Care Long Term Care	An in-depth and easy-to-navigate review of evidence on fall risk, prevention, assessment and clinical guidelines. Under review, updated guideline to follow. An algorithm to be included in future version.
8	<i>Prevention of falls and fall injuries in the older adult</i> . (Registered Nurses' Association of Ontario, 2005). Retrieved Oct. 06 from <a href="http://www.rnao.org/bestpractices/PDF/BPG_Falls_rev05.pdf">www.rnao.org/bestpractices/PDF/BPG_Falls_rev05.pdf</a>	56-page downloadable resource. Canadian. This resource is specifically created for the use of nurses. Specific recommendations are summarized to start and then are supported in more detail.	6 levels of evidence and 6 levels of recommendations. Well referenced.	Long Term Care Acute Care	No algorithm, but offers an ordered approach to recommendations.

Ref. #	Guideline	General Description	Levels of Evidence? Well referenced?	Applicable Settings	Comments
9	<i>Falls prevention best practice guidelines for public hospitals and state government residential aged care facilities incorporating a community integration supplement.</i> (Queensland Gov., 2003). Retrieved Oct. 06 from <a href="http://www.health.qld.gov.au/fallsprevention/best_practice/falls_best_practice.pdf">www.health.qld.gov.au/fallsprevention/best_practice/falls_best_practice.pdf</a>	116-page downloadable resource. Australian.	Use of levels of evidence not explicit. Well-referenced.	Long Term Care Acute Care	Comprehensively covers risk identification, falls prevention and injury prevention strategies. Encompasses a variety of tools, 3 algorithms, and includes a community integration supplement.
10	Resnick, B. (2003). Preventing falls in acute care. In D. Zwicker (Ed.), <i>Geriatric nursing protocols for best practice</i> (2nd ed., pp. 141-163). New York: Springer Publishing Company.	23-page chapter in book directed at nurses. American. Approach is not in depth - more of an introductory level. Tools included.	Use of levels of evidence not explicit. Well referenced.	Acute care	Easy to read, but decision points tend to be hidden in text.

The following are highlights from the above table:

Guidelines addressed a variety of care settings with one that addresses an acute care setting (Ref. #10), one long term care (LTC) only (Ref. #2), three acute care and LTC (Ref. #3, 8, 9), two LTC and community care (Ref. #6, 7), and two addressing all of the above settings (Ref. #1, 4, 5).

The international guideline search resulted in resources from four countries: two were created in Canada (Ref. #6, 8), four in the United States (Ref. #, 2, 5, 10), two in the United Kingdom (Ref. #4, 7), and two from Australia (Ref. # 3, 9), and one jointly from the United Kingdom and the United States (Ref. #1).

Many of the guidelines are of considerable length, with three having over one hundred pages (Ref. #3, 7, 9). Five resources are available freely online (Ref. #1, 3, 7, 8, 9).

All the guidelines addressed actions by a combination of health professional groups as well as those facilitating facility changes, except two that focused specifically on the nurse's role (Ref. #8, 10).

Two guidelines are focused on improving the breadth of evidence and providing a summary (Ref. #4, 6). Five offer a broad scope of resources, using evidence to support clinical decision-making, offering both tools and substantial background information (Ref. #3, 5, 7, 8, 9)

