A Daughter’s Story

My mother is 88 years old and has dementia. After a severe injury, she moved to a nursing home with a good reputation. I felt I could trust them to keep Mom safe. The staff did an excellent job of helping Mom continue to be able to walk. Then it happened. I got a call from a nurse saying Mom had been sent to the emergency room. She had been walking when she became tangled in another resident’s walker and fell flat on her face. She had a gash on her forehead and her face was badly bruised. I cried when I saw her. She returned to the nursing center in a wheelchair with a lap tray. I felt a lot better, believing the chair and tray would protect her from further falls.

Mom didn’t like the chair. She kept asking staff to “take it off.” You can imagine my horror when the social worker approached me and said they would like to try to reduce the lap tray to something less restrictive. I agreed but was very worried about her getting out of a lesser restraint and falling again. Mom was still pleading with anyone who would listen to her to “let me out of this chair.” I was in constant communication with the staff and knew their plan for Mom was to remove the remaining buckle belt in her wheelchair so she could walk again. I was so scared. I also knew Mom’s doctor wanted to keep the buckle belt on her in the wheelchair. He knew the risks of her attempting to walk.

Mom’s forehead healed. The staff of the nursing home felt they would like to try some periods of time without the buckle belt and wanted her to try to walk again. I couldn’t believe it. What were they thinking? Mom was still complaining about being restrained, but I wasn’t so sure she knew what was best for her. I called an Ombudsman to help me get what I felt was best for my mother. To my dismay, the Ombudsman agreed with the nursing home staff: There were no medical symptoms warranting the restraint in Mom’s case and her clear dislike of the belt was another indication that we should try something less restrictive. The buckle belt was reduced to a Velcro belt which Mom could release. Since the belt could no longer keep her in the wheelchair, she walked all over the place.

I realize now that if we had continued to use restraints to keep her in the chair, Mom probably would not be walking today. She is still agitated, but far less than when she was restrained with the buckle belt. I still worry about her safety, but I’m thrilled every time I see her walking. I am happy that the staff worked to show me the possibilities for Mom without restraints. I know Mom’s freedom and independence are important to her.

Fall Factors

Falls are a common occurrence in elderly people regardless of where they are living. Approximately 30 to 50 percent of people age 65 or older will fall each year. In nursing homes, over 50 percent of all residents will fall each year.\(^1\)\(^2\) The reasons people fall are complex and are the result of the interaction between many factors.

Factors that lead to falls include:

- Chronic, long-standing illness such as congestive heart failure, lung disease, stroke, diabetes, and Parkinson’s disease
- Physical weakness or movement problems, such as those that follow illnesses like Parkinson’s disease and mid- to late-stage dementia
- Medications – the more medications people take, the more likely they are to have problems associated with the use of those medications. For example, some medications may cause a drop in blood pressure, which could cause a fall
- Environmental factors such as the type and fit of shoes a person wears, clothing fit, the type of floor wax used, throw rugs, or the use of furniture with wheels, such as bedside tables
- How people use their wheelchairs or walkers
- Sensory problems, such as loss of vision or hearing
- Individuals’ ability to understand that they are in danger of falling

Facts on Falls and Restraints

If you or a family member is fearful of falling, it’s important to talk with your healthcare team about reducing the chance of falls and fall-related injuries. Often, residents or their families request restraints or bed rails placed in the upright position because they are afraid of fall-related injuries. Side rails and restraints do not help keep people from falling. In fact, they may contribute to more serious falls, entrapment or to death. In 1996, Steven Miles\(^3\) reported that 200 Minnesota residents died from the use of vest restraints each year. In a landmark 1997 report, Kara Parker and Steven Miles\(^4\) found evidence of 74 deaths related to the use of bed rails. Since these reports, vest restraints have virtually disappeared from nursing homes. More recent research strongly shows restraint use does not reduce the occurrence of falls. It actually contributes to more rapid physical decline, more serious injuries from attempts to free oneself and/or death.\(^5\) Furthermore, federal nursing home law requires residents be “free from restraints.” We have made great progress in long-term care. Through better identification of reasons that may cause a fall in a specific person, there are now hundreds of U.S. nursing homes who consider themselves “restraint-free” U.S. nursing homes, including their elimination of side rails.

Keep in mind that certain medications might also be considered restraints. The reason the medication is being used generally determines if it is a restraint. If the medication is used to control residents by sedating them or making them sleep more, these medications may also be restraints. Most of these classes of medications have serious side-effects, including increased risk of falling, sedation and movement disorders.

We want our residents to feel safe and to be able to participate fully in the life of this nursing center. This can’t be done if a restraining device is used. For each resident, we need to understand the specific issues that will reduce the chances of their falling and harming themselves. We are not able to prevent all falls in the nursing home, just as you are not able to prevent all falls or accidents in your own home. But with your help and cooperation we can work together to make this a safer home for our residents.

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