

# Safe Living Environment & Assistive Devices

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# Safe Living Environments

# Top 10 Must Haves for Senior Safety

Every year 1 out of 3 adults over 65 will experience a fall.

- 1) Secure rugs so they are not a trip hazard.
- 2) Install handrails on both sides of the stairwell.
- 3) Install handrails in the restroom.
- 4) Get non-skid shower mats to prevent slips.
- 5) Have good lighting in entryways, stairs, and pathways.

(Rescue Alert of California, n.d.)

## Top 10 Must Haves for Senior Safety

- 6) Grabbers help reach items more than an arms length away.
- 7) Install and inspect smoke and carbon monoxide detectors.
- 8) Get a medical alert system for emergencies.
- 9) Properly label, store, and organize medications. Setup medication reminders!!
- 10) Schedule frequent visits from family, friends, and neighbors.

(Rescue Alert of California, n.d.)

## Safe Living Environment: Home

- The majority of the elderly population ages 65 and older remain living at home.
- Most of the elderly that live at home, live alone or with a frail spouse, and require some kind of assistance in their home.
- As individuals age they are at an increased risk for injuries.

(Lange, 2012b, pp. 274-279)

## Safe Living Environment: Home

- Money is the biggest barrier to older adults receiving the care services they need as the cost of home care is rising.
- Older adults often have a hard time accepting needed help due to feelings of embarrassment.
- When older adults have many barriers preventing care, their safety is extremely compromised.

(Lange, 2012b, pp. 274-279)

# Safe Living Environment: Home Patient Education

There are several ways that older adults can remain safe in the home-setting.

- Use of assistive devices such as walkers, canes, crutches, wheel chairs, automated chairs, and a shower seat.



(Lange, 2012b, pp. 274-279; Senior Care Corner, 2015 )

# Safe Living Environment: Home Patient Education

- Wear slip-resistant shoes while walking around the home.
- Have sturdy handrails in stairways and in bathroom.
- Have regular electrical and plumbing inspections.

(Lange, 2012b, pp. 274-279)

# Safe Living Environment: Home Patient Education

- Home-Care services
- Medication reminders
- Ensure walkways are free of potential trip hazards (rugs, cords, clutter...)
- If clients are not able to navigate the stairs safely discuss having bedroom moved to lower level; if no bedroom possibly convert dining or living room.

(Lange, 2012b, pp. 274-279)

# Home Safety Tour



# Safe Living Environment: Nursing Facilities

- Almost half of all people living in nursing homes are 85 years or older.
- 72% of residents are women, many of whom do not have a spouse.
- Disabilities that causes a hindrance in performing activities of daily living (ADLs) is the most common reason for being admitted.

(American Geriatrics Society, 2019)

# Safe Living Environment: Nursing Facilities

- Over 80% of nursing home residents need help with 3 or more ADLs.
- Length of stay varies greatly with about 25% of people staying only a short time (3 months or less).
- About half of residents spend at least 1 year in the nursing home, and 21% live there for almost 5 years.

(American Geriatrics Society, 2019)

# Safe Living Environment: Nursing Facilities

- Health care providers or other health care professionals can provide recommendations for nursing facilities.
- Centers for Medicare and Medicaid Services provide information that can be used to compare nursing facilities.

(American Geriatrics Society, 2019)

# Safe Living Environment: Nursing Facilities

## Risk Factors for Admission

There are several risk factors for admission to a nursing home:

- Age
- Low income
- Poor family support
- Low social activities
- Functional or mental disabilities
- Race/ethnicity

(American Geriatrics Society, 2019)

# Safe Living Environment: Nursing Facilities

## Patient Education

There are several interventions used in nursing homes to ensure resident safety:

- Focused patient history and physical
- Educational programs for residents and staff
- Handrails, clutter free residential areas, slip resistant socks
- Toileting programs

(Agency for Healthcare Research and Quality, 2016)

# Safe Living Environment: Nursing Facilities

## Patient Education

- Falls risk assessments
- Braden score assessment (determines risk for pressure ulcers)
- Providing walking aids and making sure they are accessible and used sufficiently

(Agency for Healthcare Research and Quality, 2016)



# NURSING HOME CHECKLIST

A checklist of items to consider when looking for a nursing home.



## Policies

Visiting hours, smoking policy, etc.



## Staff

Friendliness? Ratio of staff to residents?



## Admissions

Accepting new residents? What's the process?



## Specialty Care

What type of care is available?



## Mental Well Being

Visiting policy? Faith-based care options?



## Location

Is it conveniently located?



## Cleanliness

How clean is it?



## Environment

Is it well lit, safe, & welcoming?



## Organization

Certified by Medicare & Medicaid? Non-profit?



## Security

What is the facility's plan?



## Activities

What activities do they offer?



## Choices

How much freedom do the residents have?



## Rooms

Will they share a room? Can they bring furniture?



## Meals

Are they flavorful & presentable?



## Cost of Care

What's included in the cost?

# Safe Living Environment: In-Patient Settings

- Slip free flooring and handrails
- Large face clocks, remotes, and phones
- Yellow slip resistant socks
- Yellow falls risk wristband



(Yeager, 2016)

# Safe Living Environment: In-Patient Settings

- Bedside commode/bedpan
- Proper lighting/no dim or dark rooms
- Call bell/remote in client's reach
- Clutter free patient room, minimum of cords, bed sheets, and devices

# Safe Living Environment: In-Patient Settings

- Assistive devices such as hearing aids, eyeglasses, cane, walker, wheelchair, and Hoyer lift.
- Bed alarms, soundproofing and indirect lighting
- Proper sanitation and cleaning

# Safe Living Environment: In-Patient Settings

## Patient Education

- Ensure that the client wears their non slip socks at all times and especially when walking.
- If the client is a falls risk, ensure to keep on the yellow wristband.
- If they need assistance ensure that the call bell is within reach and instruct how and when to use it.

# Safe Living Environment: In-Patient Settings

## Patient Education

- Keep client's room as neat as possible and clutter free to avoid the risk for falling.
- If toileting is needed and they cannot go on their own use the call bell for assistance; enforce do not get up on their own.
- Make assistive devices easy to access (glasses, hearing aids, canes, and walkers).

# Safe Living Environment: In-Patient Settings

## Patient Education

- No smoking in the hospital settings, and especially around supplemental oxygen tanks.
- Proper handwashing and hygiene such as covering nose and mouth, to reduce to risk for infections.
- Adequate diet and nutrition, discuss appropriate, economical, and healthy food options.

# Assistive Devices

# Assistive Devices

- Help the elderly or disabled continue to do the activities that they have always done, but maybe a little challenging to complete now.
- Help older adults continue to have some independence in everyday functioning.
- Can be used for sensory, physical, or cognitive impairments.
- More sophisticated devices can be cost prohibitive.

(Lange, 2012a, pp. 174-192)

# Assistive Devices

- There are many in the elderly community who may have trouble handling their day to day activities on their own.
- They may also not be too fond of others offering to assist with their duties because of an impairment or limitation.
- There are options out there that could potentially help the elderly population “age with grace”.

(Lange, 2012a, pp. 174-192)

# Assistive Devices - Sensory Impairment

## Vision:

- Many in the older adult population have a deficiency in their vision.
- More than 12 million currently live with low vision.
- Any change or loss in of vision, as well as symptoms such as flashing lights, clouded vision, or floating objects, should be evaluated by a ophthalmologist.

(Lange, 2012a, pp. 174-192)

# Assistive Devices - Sensory Impairment

Visual aids include but are not limited to:

- **Hand-held magnifiers:** lightweight & easy to carry magnifier aids in daily reading (also available in LED to enhance lighting).
- **Large print organizers:** additional space allows for easier writing while larger print eases reading.
- **Talking watch:** uses a voice to tell the time aloud.



(Bausch & Lomb, n.d.; Lange, 2012a, pp. 176-178)

# Assistive Devices - Sensory Impairment

Auditory aids include but are not limited to:

- **Headset amplifiers (hearing aids):** distance of up to 100 ft
- **Vibrating pagers:** alerts when phone rings
- **Telecommunication device:** text output
- **Door beacon:** light flashes when someone knocks on door
- **Alerting system:** transmits signals from a doorbell, telephone, smoke detector

(Enugu State Government, 2017; Lange, 2012a, p. 179)



# Assistive Devices - Cognitive Impairment

- Significant decline in cognitive functioning is not expected and is not a normal part of aging.
- Significant regression in cognition due to dementia, greatly affect one's ability to live and perform ADLs safely.
- Dementia is a deterioration of cognitive functioning that impacts one's ability to meet the intellectual demands of their daily life.

(Lange, 2012a, pp. 184-185)

# Assistive Devices - Cognitive Impairment

Cognitive aids include but are not limited to:

- **Pill boxes:** reminder to take meds
- **Visual prompts:** can be handy for those who have trouble remembering how to complete steps of an activity.
- **Listing sequential steps:** useful for completing a task such as using the microwave

(Lange, 2012a, pp. 184-185)

# Assistive Devices - Physical Impairment

- Decreased dexterity and coordination can make fine motor tasks such as placing a plug in a wall socket or cutting with a knife more challenging.
- Decreased muscle fibers and muscle mass can make it more difficult to get out of a chair and slow a person's walking speed.
- Assistive devices and environmental adaptations can improve safety and help older adults regain independence in self-care, work, and leisure activities.

(Lange, 2012a, p. 178)

# Assistive Devices - Physical Impairment

Physical aids include but are not limited to:

- **Long handled shoe horn:** provides reach for those who find bending difficult
- **Raised toilet seat:** allows for greater accessibility and stability.
- **Shower bench:** allows person to sit showering to increase safety and decrease fatigue in the shower

(Lange, 2012a, p. 182)



## Use of Assistive Devices - Crutches

- Used for partial weight-bearing or non-weight-bearing ambulation.
- Good balance, adequate cardiovascular reserve, strong upper extremities, and erect posture are essential for crutch walking.



(Hinkle & Cheever, 2018, pp. 174-177)

## Use of Assistive Devices - Crutches

- **Four-point gait:** Partial weight bearing both feet, maximal support provided, and requires constant shift of weight
- **Three-point gait:** Non-weight bearing, requires good balance, requires arm strength, faster gait, and can be used with walker
- **Two-point gait:** Partial weight bearing both feet, provides less support, and faster than a four-point gait

(Hinkle & Cheever, 2018, pp. 174-177)

## Use of Assistive Devices - Crutches

- **Swing-to:** Weight bearing both feet, provides stability, requires arm strength, and can use with walker
- **Swing-through:** Weight bearing, requires arm strength, requires coordination/balance, and most advanced gait

(Hinkle & Cheever, 2018, pp. 174-177)

# M+D Crutch Cane Alternative



## Use of Assistive Devices - Walker

- Provides more support and stability than canes or crutches do.
- **Pick-up walker:** best for patients with poor balance and poor cardiovascular reserve.
- **Rolling walkers:** allows for automatic walking, is best for patients who cannot lift.



(Hinkle & Cheever, 2018, pp. 174-177; Karman Healthcare, 2019b)

# Use of Assistive Devices - Walker

Instruct patient to:

- **Pick-up walker:** lift device and move it forward with each step.
- **Rolling walker:** roll device forward and walk automatically.

(Hinkle & Cheever, 2018, pp. 174-177)

## Use of Assistive Devices - Cane

A cane helps the patient walk with balance and support and relieves the pressure on weight-bearing joints by redistributing weight.



(Hinkle & Cheever, 2018, pp. 174-177; Karman Healthcare, 2019a)

# Use of Assistive Devices - Cane

Instruct patient to:

- Advance cane at the same time that affected leg is moved forward.
- Keep cane fairly close to body to prevent leaning.
- Bear down on cane when unaffected extremity begins swing phase.

(Hinkle & Cheever, 2018, pp. 174-177)

?? Questions ??

# Question 1

A 76-year-old client lives alone at home. Which of the following is the highest priority question for his home health nurse to ask regarding his safety?

- A) "Do you use soft glow light bulbs in your front room lamps?"
- B) "At what temperature is your thermostat set?"
- C) "Why don't you consider selling your two-story home and buying a house without stairs?"
- D) "Do any of your medications cause you to be physically unsteady?"

## Question 2

A 79-year-old resident in a long-term care facility is known to "wander at night" and has fallen in the past. Which of the following is the most appropriate nursing intervention?

- A) A loose abdominal restraint should be placed on the client during sleeping hours.
- B) The caregivers should check the client frequently during the night.
- C) A radio should be left playing at the bedside to assist in reality orientation.
- D) Reassign the client to a room that is close to the nursing station.

## Question 3

Which of the following could be part of the plan of care for a patient who has a "high risk for falls" diagnosis? (Select all)

- A) Occupational &/or Physical Therapy
- B) Safety at home
- C) Referral to social services
- D) Recovery from current health issues
- E) Placement in skilled nursing facility

## Question 4

The developmental stage that carries the highest risk of an injury from a fall is:

- A) Preschool
- B) Adulthood
- C) School age
- D) Older adulthood

## Question 5

The nursing assessment on a 78-year-old woman reveals shuffling gait, decreased balance, and instability. On the basis of the patient's data, which one of the following nursing diagnosis indicates an understanding of the assessment findings?

- A) Activity intolerance
- B) Impaired bed mobility
- C) Acute pain
- D) Risk for falls

## Question 6

The nursing assessment of an 80-year-old patient who demonstrates some confusion but no anxiety reveals that the patient is a fall risk because she continues to get out of bed without help despite frequent reminders. The initial nursing intervention to prevent falls for this patient is to:

- A) Place a bed alarm device on the bed.
- B) Place the patient in a belt restraint.
- C) Provide one-on-one observation of the patient.
- D) Apply wrist restraints.

## Question 7

The nurse found a 68-year-old female patient wandering in the hall. The patient says she is looking for the bathroom. Which interventions are appropriate to ensure the safety of the patient? (Select all)

- A) Insert a urinary catheter.
- B) Leave a night light on in the bathroom.
- C) Ask the physician to order a restraint.
- D) Keep the bed in a low position with upper and lower side rails up.
- E) Assign a staff member to stay with the patient.
- F) Provide scheduled toileting during the night shift.
- G) Keep the pathway from the bed to the bathroom clear

## Question 8

Which type of assistive device provides the most support and stability for elderly clients to be able to walk?

- A) Cane
- B) Walker
- C) Crutches
- D) Wheelchair
- E) Bilateral knee braces

## Question 9

As people age they may need to use assistive devices in order to help them continue to have independence in their daily lives. These devices can be used for what type of impairments? (Select All)

- A) Sensory impairments
- B) Physical impairments
- C) Cognitive impairments
- D) Psychological impairments

## Question 10

A significant decline in cognitive functioning is an expected part of aging.

True or False

**\*Bonus\***

To help a visually impaired client be able to understand where their food is on their plate you would use the clock reference system.

True or False

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