

Adult and Elder I: Case Study

Fall Risk Assessment, Prevention, and
Management

Case Scenario:

- Mr. Krane, 84 years old has just been admitted to a medical-surgical unit from the emergency department (ED). Mr. Krane resides in a nursing home and has the following medical history: mild cognitive impairment, history of falls with injury, and atrial fibrillation. The ED noted that he had a low-grade temperature and a chest Xray performed in the ED reveals a possible area of consolidation in the right lower lobe suggestive of pneumonia. Mr. Krane is restless, irritable, and at times agitated. Because several victims of a motor vehicle accident presented for treatment of trauma shortly after Mr. Krane arrived, he remained in the emergency department for 8 hours. The number of trauma victims and the associated activity made the environment in the ED appear chaotic. Mr. Krane has an indwelling urinary catheter and an intravenous line in his left arm. He has not eaten a full meal since his arrival to the hospital. Mr. Krane's daughter is his only living relative and lives out of state. The licensed clinical social worker (LCSW) has made several attempts to contact her and has left several messages on the daughter's voicemail.