

50th World Congress on**ADVANCED NURSING AND MIDWIFERY****February 26-27, 2019 Osaka, Japan****Identifying the fall risks of patients for improving the nursing care for fall prevention****Oyunsaihan Myagmarjav**

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Nursing care goals is to maintain or improve patient safety, error has to be prevented, recovered or at least minimized. In the United States, unintentional falls, in the community and health care setting, are the leading cause of nonfatal injury. In 2002, more than 12,800 people over age 65 died and 1.6 million injured because of falls. For improving the nursing care to prevent the fall in hospital we needs for evidence based information about fall risks. To clarify the patients fall risks in hospital and identify high-risk persons at admission for further improving of nursing care. Cross-section study of 500 adult consecutive inpatients admitted to Second General Hospital and United Family Intermed Hospital from April to October, 2015. The information was collected from clinical records at admission obtained from a structured questionnaire conducted in the form of face-to-face interviews with subjects and fall events were collected from clinical records after discharge. Activities of Daily Living (ADL) score was used for identifying the patients daily activity and need for help was defined as a low level of ADL. Subjects were scored on the Manual Muscle Test (MMT), where impairment was defined as MMT<4. For identifying the level of fall risk for patients we used the Morse Falls Scale. SPSS 21.0 was used for analyses. From 500 inpatients admitted to the hospitals during follow-up period number of patients who fell were 13 (2.6%). There were significant differences in age, history of falling, cognitive dysfunction, use of laxative, sedative medications and need for help with ADL between patients who did and did not fall. Multivariable adjusted ORs for falls showed that age, history of falls and need for help with ADL were most common risk factors and increased the risk to times. History of falling, cognitive dysfunction, use of laxative, sedative medications and need for help with ADL are most significant fall risks for patients. 57.2% of inpatients have a high fall risk. To prevent falls in inpatients it is important to identify high-risk persons at admission and provide correct fall preventing nursing care. Care plans for patients including fall prevention should be clear and considered.

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