Mangar HEALTH

PART OF THE WINCARE GROUP

What is Long-Lie?

A long lie is when a person who has fallen spends a prolonged period on the floor because they are unable to get up.

What are the main implications of long lie?

Skin damage resulting in pressure ulcers

Dehydration

Reduced confidence

Pneumonia

Increased anxiety

Kidney failure (through rhabdomyolysis)

Hypothermia

Death

Why is avoiding long-lie so important?

Lying on the floor for a long time following a fall is one of the most serious consequences of the incident.

It is vital to prevent long times, which can lead to serious health complications, which can negatively impact the quality of life for the faller and is potentially costly to the NHS.

If you find someone has fallen then use the ISTUMBLE algorithm to determine an appropriate course of action.

Doctor Explains The Importance Of Post Falls Assessment Tool, ISTUMBLE

"The reason I became involved with the ISTUMBLE project is that it is so profoundly positive for residents of care homes and those who care for them.

The benefits of lifting a resident off the floor are innumerable. By definition residents of care homes are frail – otherwise, they would not be cared for in a residential context.

With frailty comes a lack of physiological reserve and strength. In addition, residents may have multiple co-morbidities involving the major body organs – respiratory/ lung disease, cardiovascular/ heart and vessel disease and renal disease/ impaired kidney function.

All these co-morbidities cause reduced skin perfusion. Thus when a resident is kept on the floor for more than 20 minutes the pressure from the floor, especially on bony prominences of the body, further reduces blood supply to the skin. Therefore an elderly person on a hard floor or even a carpet will suffer an early breakdown of skin tissues and ulcer development.

The most common complications of skin ulcers are increased mortality, osteomyelitis, and sepsis. If the patient has sustained a femur fracture during the fall the chances of mortality from the pressure ulcer are higher still because the patient will suffer reduced mobility both before and after surgery.

In 20 years of emergency medicine, I have never seen an exacerbation of damage to a broken femur of an elderly patient who has been carefully lifted with an appropriate lifting device.

Other than in the exceptionally unlikely possibility of a neck injury – not lifting the patient who has fallen as a result of any cause I believe is both unacceptable and unkind. As an aside I have never seen a resident of a care home sustain a fracture of neck vertebrae after a fall. I have only seen this from falls of elderly people falling in the street (concrete usually involved).

Of course, should a patient be in cardiac arrest they should not be lifted.

GP's will not attend patients who are on the floor. Once lifted the GP can visit and thus prevent many trips into busy, loud and excessively lit Emergency departments. Such places are frightening for frail and demented people. Not sending the patient means that care staff is not obliged to travel with the resident preventing attrition of care staff who are needed at the care home.

Finally lifting patients from floors allows carers to continue to do just that – care. Carers become immensely upset to see their residents wait hour after hour on the floor because hard-pressed ambulance services cannot attend. When I have delivered this teaching to care homes there has been overwhelming relief felt by empowered care staff, empowered by education and ability to act.

- Dr Sue West-Jones, a consultant in Emergency Medicine