

8. 預防跌倒 Fall Prevention



跌倒是 65 歲以上老人意外死亡的主因，所以照顧老人首重預防跌倒。

Fall is the main cause of accidental death for the elderly over 65 years old. Therefore, the primary focus of the elderly care is the fall prevention.

由於高齡長者常伴隨有慢性疾病，例如：高血壓、中風、骨質疏鬆症，即使輕微的跌倒也可能造成很大的傷害。

Since the elderly often has chronic diseases, such as hypertension, stroke and osteoporosis, even a minor fall can cause a major injury.

從找出跌倒高危險群並落實執行防跌措施，相信可幫助高齡或失能者獲得『行』的安全。

It is believed that by finding out those who fall easily (high risk group) and implementing fall prevention measures, the elderly or disabled persons can be helped in “walking safely.”

跌倒高危險群：家中有以下類型的長者或病患，需多加留意

High-risk fall groups: The caregivers must pay more attention to the elderly or a patient of the following types in the family

1. 年紀大於 65 歲，步態不穩
Who is older than the age of 65 with instability of gait;
2. 有貧血、姿勢性低血壓或曾有跌倒病史
Who has anemia, orthostatic hypotension or low blood pressure, had a history of falling down;
3. 本身意識障礙（失去定向感、躁動混亂等）或服用影響意識或活動之藥物（如：利尿劑、止痛劑、輕瀉劑、鎮靜藥、安眠藥、心血管用藥）
Who has disturbance of consciousness (such as loss of orientation, restlessness, confusion, etc.) or has taken drugs which affect awareness or activity (such as diuretics, pain-killers, laxatives, sedatives, sleeping pills, cardiovascular drugs);
4. 營養不良、虛弱、頭暈或有睡眠障礙
Who has symptoms of malnutrition, weakness, dizziness or sleep disorders;

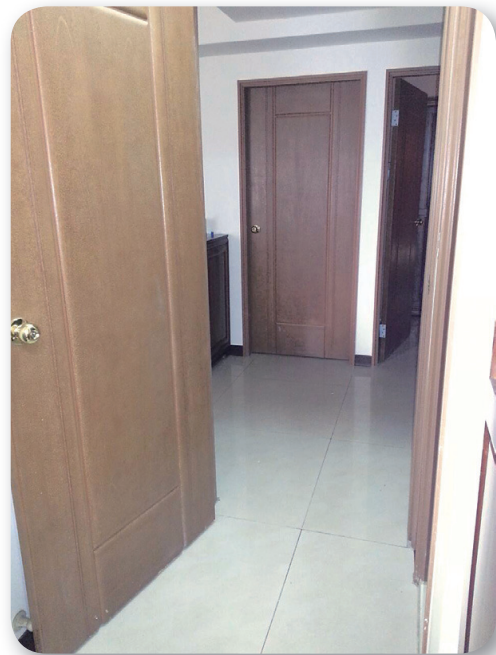
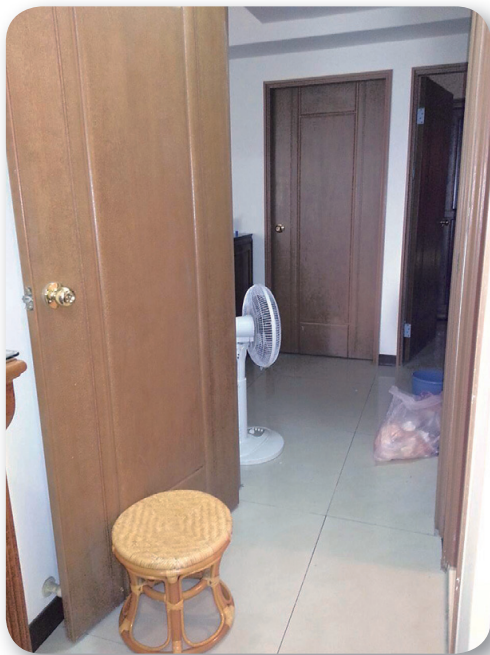
5. 肢體功能障礙（肢體無力、關節疼痛、關節置換術後、中風、失智）

Who has limb dysfunction (such as limb weakness, joint pain, after having joint replacement surgery, stroke and dementia).

預防跌倒之措施

Fall Prevention Measures

1. 光線充足：保持視線與燈光明亮。
Adequate light: Keep bright sight and lights.
2. 地面乾燥：弄濕時應立即擦乾，隨時保持地板面乾燥。
Dry floor: Dry the floor immediately when it gets wet, and keep it dry at all times.



3. 通道的暢通：物品應盡量收置妥善，以保持走道寬敞。
Unimpeded passage: Items should be properly stored as much as possible in order to keep the aisles spacious.
4. 應穿防滑鞋，切勿打赤腳。
Wear non-slip shoes, and do not go barefoot.
5. 選用合適的家具：太低、太軟的椅子不適合老年人，最好有扶手的設計。
Appropriate choice of furniture: Chairs that are too low or too soft are not suitable for the elderly. Chairs with armrests are recommended.
6. 加裝防滑及扶手設施：尤其是樓梯、浴室。
Installation of non-slip and handrail facilities: Especially the stairs and bathrooms.
7. 姿勢轉換時速度應放慢，避免因暈眩或姿勢不穩造成跌倒，盡量使用扶手協助平衡。
Change of postures should be done slowly to avoid falls due to dizziness or postural instability. Try to use armrests to help balance the body as much as possible.

8. 輔具使用：有些被看護人會拒絕使用，可以鼓勵被看護人，不要因害羞或怕麻煩，而不用柺杖或助行器，若被看護人仍無意願，建議可用替代性物品，例如：以雨傘代替拐杖，請注意要加防滑墊。

Use of assistive devices: Some patients refuse to use any assistive device. The caregiver can encourage the patient to use a cane or walker and to not feel shy or feel that it is too much trouble. In case the patient still does not want to use it, alternative items are recommended, such as using an umbrella instead of using a cane. Please note that a non-slip pad should be added to the umbrella.

9. 合身的衣著：衣褲太大易絆倒、鞋子應要防滑。

Fitting clothing: Wearing clothes that are too large is prone to stumbling, and shoes should be non-slip ones.

10. 有服用安眠藥、頭暈、血壓不穩或姿位性低血壓時，下床前，應先緩慢坐起後，坐在床緣，待不適改善後再由看護者扶下床。

If the patient or ward has taken sleeping pills or has symptoms of dizziness, unstable blood pressure or orthostatic hypotension, the patient should slowly sit up first and then sit on the bed edge before getting off the bed. The caregiver should help the patient/ward get off the bed when the he/she is feeling better.

11. 隨時將兩側床欄拉上。

Pull up the bed side rail on both sides at any time.

12. 發現被看護人有躁動、不安、意識不清時，除應瞭解並去除原因外，可提供陪伴或給予適當的保護約束。

In case the patient/ward is found restless, uneasy or unconscious, in addition to understand and eliminate the cause, the caregiver also can provide companionship or give proper protective constraints.

13. 如廁或下床活動時請務必需有看護者在旁協助。

The caregiver must assist the patient to get off the bed for some activities or go to the toilet.