



HARTFORD INSTITUTE FOR GERIATRIC NURSING
NEW YORK UNIVERSITY COLLEGE OF NURSING

ConsultGeriRN.org



TOPIC: FALLS
TEST YOUR KNOWLEDGE !

Please note: There are currently no contact hours associated to these post-tests.
This post-test is to be used for review.

When you feel that you have fully completed reviewing the materials on ConsultGeriRN.org regarding this topic, please do the following:

1. Print out the Post-Test.
2. Complete the Post-Test in pencil or pen.
3. Please be sure that your NAME, ADDRESS, TELEPHONE #, and RN LICENSE # are on your TEST.
4. Mail your post-test to:

Ms. Yamilee Bazile
The Hartford Institute of Geriatric Nursing
New York University College of Nursing
726 Broadway, 10th Floor
New York, NY 10003
yjb200@nyu.edu/ Fax 212.995.4561

Results & Resubmission

If you score 80% or better on the test, a certificate of completion will be mailed to you. If you score less than 80%, a copy of your test will be returned to you via mail or email so that you can see the subject areas in need of improvement.

We suggest that you review your returned test and re-study those sections on ConsultGeriRN.org pertaining to those content areas where you need improvement. When you reach a score of 80%, you will receive a certificate of completion.

Falls: Learning Objectives

1. Describe the prevalence of falls in older adults.
2. Perform a comprehensive falls risk assessment in older adults.
3. List prevention strategies for falls in older adults.
4. Identify possible causes of falls in older adults.
5. Identify medications that increase risk of falls in older adults.
6. Describe a comprehensive post-fall assessment in older adults.
7. Describe positive outcomes from prevention of falls in older adults.

Falls: Post-Test Questions

1. What fraction of older adults living in the community fall each year in their home?
 - a. 1/4
 - b. 1/3
 - c. 1/2
 - d. 3/4
2. What percentage of the 1.6 million nursing home residents fall each year?
 - a. 10-20%
 - b. 25-50%
 - c. 50-75%
 - d. 80-90%
3. Which of the following is a serious consequence of falls in older adults with significant morbidity and mortality?
 - a. Clavicle fracture
 - b. Hip fracture
 - c. Humerus fracture
 - d. Pneumonia
4. Which of the following age-related changes increases risk of falls?
 - a. Alzheimer's Dementia
 - b. Decreased muscle strength
 - c. Depression
 - d. Increased reaction time
5. The best tool used to assess risk for falls in ambulatory older patients is the:

Name: _____

- a. Orthostatic vital signs
 - b. Braden scale
 - c. Timed Get Up and Go Test
 - d. Tinetti Gait and Balance Assessment Tool
6. Which of the following is true about the Fall Risk Assessment Table?
- a. 0-5 in the yes column is high risk
 - b. 0-5 in the yes column is low risk
 - c. 6-10 in the yes column is low risk
 - d. 11-20 in the yes column is moderate risk
7. One of the most important components of a post fall assessment is:
- a. Decrease future falls
 - b. Determine the cause of the fall
 - c. Treat any injuries
 - d. X-ray of the pelvis
8. Which of the following statements is accurate about the Tinetti Gait and Balance tool?
- a. It is important to use in all patients starting rehabilitation.
 - b. The higher the score the higher the fall risk.
 - c. The lower the score the lower the fall risk.
 - d. Trunk stability is a component of assessing gait.
9. Which of the following medications may increase risk of falls in an older adult?
- a. Donepezil Hydrochloride (Aricept)
 - b. Furosemide (Lasix)
 - c. Lansoprazole (Prevacid)
 - d. Vitamin B12
10. Mr. S. is an 82 year old male with well-managed hypertension and COPD. He exercises 15 minutes daily. He recently sustained a fall when he turned his head toward the right while getting out of a chair. Vital signs sitting and standing were normal and the electrocardiogram was normal. You now think Mr. S. may have fallen due to:
- a. Arthritis
 - b. Atrial fibrillation
 - c. Carotid blockage
 - d. Orthostatic hypotension

Name: _____

11. An 86 year old female with Alzheimer's Dementia is admitted to your unit status post a fall at home due to a recurrent urinary tract infection (UTI). She is on intravenous antibiotics to treat the UTI. An effective nursing intervention to prevent a fall on your unit is:
 - a. Apply a vest restraint.
 - b. Have a unit nursing assistant stay with her around the clock.
 - c. Lift all four side rails.
 - d. Place the patient in a room close to the nursing station and frequently monitor her.

12. Patients should be monitored for how long after an observed or suspected fall?
 - a. One hour
 - b. One day
 - c. Two days
 - d. Monthly

13. The use of physical restraints may increase risk of falls in older adults.
 - a. True
 - b. False

14. A previous fall increases risk of future falls in older adults.
 - a. True
 - b. False

15. For older patients with chronic urinary and fecal incontinence, an effective nursing intervention to prevent falls is:
 - a. Administer antibiotics
 - b. Develop a toileting schedule
 - c. Give laxatives daily
 - d. Provide a bedpan every hour

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