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FALL RISK AND HUMAN HEALTH: CHALLENGES IN HOSPITALIZATION CARE RISCO DE QUEDAS E A SAÚDE DO HOMEM: DESAFIOS DO CUIDADO NA INTERNAÇÃO HOSPITALAR RIESGO DE CAÍDAS Y LA SALUD DEL HOMBRE: DESAFÍOS DEL CUIDADO EN LA INTERNACIÓN HOSPITALAR

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ABSTRACT

Objective: to characterize the risk of falls in hospitalized elderly men. **Method:** a descriptive, cross-sectional study conducted in a university hospital. The sample consisted of 59 participants and data collection took place from June to October 2013 by a survey of risk factors, the scale application evaluation of walking and balance of Tinetti and scale behavior of the Nursing Outcomes Classification Falls Prevention. The project was approved by the Ethics Committee in Research CAAE 07614812.6.0000.5537. **Results:** it was observed that elderly men have many risk factors for falls related to clinical, physiological, environmental, cognitive and medicine conditions. **Conclusion:** the identification of risk factors and the use of tools to assess the risk of falls are essential for the care of the elderly man during hospitalization. **Descriptors:** Nursing; Men's Health; Aging; Accidental Falls.

RESUMO

Objetivo: caracterizar o risco de quedas em homens idosos internados em ambiente hospitalar. **Método:** estudo descritivo, transversal, desenvolvido em um hospital universitário. A amostra foi de 59 participantes e a coleta de dados ocorreu de junho a outubro de 2013 mediante o levantamento dos fatores de risco, aplicação da escala de avaliação de marcha e equilíbrio de Tinetti e da escala Comportamento de Prevenção de Quedas da *Nursing Outcomes Classification*. O projeto foi aprovado pelo Comitê de ética em pesquisa CAAE 07614812.6.0000.5537. **Resultados:** observou-se que os homens idosos possuem muitos fatores de risco para quedas relacionados às condições clínicas, fisiológicas, ambientais, cognitivas e medicamentosas. **Conclusão:** a identificação dos fatores de risco e a utilização de instrumentos para avaliar o risco de quedas são elementos essenciais para o cuidado ao homem idoso durante a internação hospitalar. **Descritores:** Enfermagem; Saúde do Homem; Envelhecimento; Acidentes por Quedas.

RESUMEN

Objetivo: caracterizar el riesgo de caídas en hombres ancianos internados en ambiente hospitalario. **Método:** estudio descriptivo, transversal, desarrollado en un hospital universitario. La muestra fue de 59 participantes y la recolección de datos fue de junio a octubre de 2013 mediante el levantamiento de los factores de riesgo, aplicación de la escala de evaluación de marcha y equilibrio de Tinetti y de la escala Comportamiento de Prevención de Caídas de *Nursing Outcomes Classification*. El proyecto fue aprobado por el Comité de ética en investigación CAAE 07614812.6.0000.5537. **Resultados:** se observó que los hombres ancianos poseen muchos factores de riesgo para caídas relacionadas a las condiciones clínicas, fisiológicas, ambientales, cognitivas y medicamentosas. **Conclusión:** la identificación de los factores de riesgo y la utilización de instrumentos para evaluar el riesgo de caídas son elementos esenciales para el cuidado al hombre anciano durante la internación hospitalaria. **Descriptores:** Enfermería; Salud del Hombre; Envejecimiento; Accidentes por Caídas.

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INTRODUCTION

The object of this study is the risk of falls in hospitalized elderly men, since there is a significant statistical occurrence related to the number of falls. Thus, it is understood the importance of identifying risk factors exposes the patient to the event while they are in this environment.

In this sense, the epidemiological transition, characterized by the predominance of population aging, shows increasing statistical projections in this age group, which causes the need to redirect health actions. The Ministry of Health considers elderly all individuals aged over 60 years old and recommends actions to expand and expertise of public and private services to better meeting the specific demands of the elderly group.¹

The changes associated with aging predispose episodes of falls, since they include the impairment of muscle strength, eyesight and hearing, cognitive impairment and postural changes in balance and walking that influence the functional mobility in the elderly. These alterations cause other damage to the elderly, such as reducing the level of functional independence and decreasing quality of life.²

On this subject, the National Integral Attention to Men's Health Policy points to the health of the elderly man as a priority with a view to disease prevention, promotion of humanization and quality of comprehensive care. It is known that cultural belief and social and occupational characteristics of men influence the low demand for health services or even acceptance of measures that may prevent the incidence of complications, which may reflect an increased mortality in this social group.³

With aging and the most common causes of mortality in this age group, men come to the clinic due to external causes, cardiovascular diseases, cancer, digestive diseases and respiratory system, responsible for most of hospitalizations of this group and therefore larger public expenditure.³

In this context, hospitalized elderly men can suffer from the incidence of iatrogenic complications, including, falls. The falls are defined by unintended displacement of the body to a level below the starting position with correction of disability in a timely manner. Its etiology is multifactorial and is associated with intrinsic and extrinsic factors.⁴

As relevant data on the subject, there is about 30% of older people falling each year.

This rate increases to 40% among elderly people over eighty years old. In Brazil, according to data published in "Guidelines Project" of the Brazilian Society of Geriatrics and Gerontology in 2008, 28% to 30% of people over 65 years old, 32% to 42% of people over 75 years old and 51% of people over 85 years old suffer falls. According to DATASUS information, in 2004, the hospital mortality rate in the elderly hospitalized for fall was 55%.⁴

Thus, it can be inferred that this event is common and acquires relevance in the hospital scenario to be related to prolonged hospitalization, disabilities, injuries and exposure to risk factors (use of drugs, use of auxiliary mechanism for walking, care dependency and changes due to aging) present in this environment.⁵

It is known that healthy elderly fall less and a fall can increase the incidence of others, in addition, women tend to fall more than men, which increases the number of studies in this perspective, and this justifies the importance of develop systematic research that direct care to the male population as well as to adopt preventive measures and injuries to health during the permanence in the hospital.^{4,5}

Thus, some studies have linked the incidence of falls and failures in the care provided to patients, especially those originated by the nursing staff, either directly or indirectly. Therefore, it is understood the importance of these professionals, understanding the link between the multidisciplinary team and the patient. Therefore, it is expected to be able to identify risk factors in the environment, infer the nursing diagnoses according to the adopted taxonomy, and plan their actions and implement the necessary care.⁶

By understanding the importance of assessing the health status of each patient, the taxonomic classifications of NANDA-International were chosen as the basis for this study, which portrays about nursing diagnostics (ND) and Nursing Outcomes Classification (NOC), which addresses nursing results by inference a ND and classify them and also allows the nurses measuring their interventions and increasing the autonomy before other professionals in decision-making about patient care.⁷⁻⁸

The Falls Prevention Behavior is a result of the Health Knowledge domain and Behavior belonging to the Risk Control Class and Security and was selected as a means of assessing the risk of falls in elderly postoperative and thus be able to provide

better conditions in the hospital maintaining a secure environment.⁷

Therefore, this study aims to characterize the risk of falls in hospitalized elderly men.

METHOD

Descriptive, cross-sectional study with a quantitative approach, developed at a university hospital in the city of Natal-RN, classified as a teaching hospital, public institution and reference in in medium and high complexity service.

The sample for this research consisted of 59 elderly men, selected and identified from the annual hospitalization rate of patients with these characteristics, regardless of the complexity of the procedure. For a consecutive sampling, participants were sequentially recruited as their presence in the respective clinical inpatient units during the data collection period. To this end, the following inclusion criteria was used: Man aged more than sixty years old and be physical and mentally fit to answer the questions and to undergo physical examination. The sample excluded were those patients presenting emergencies while collecting data.

It is noteworthy that, be able psychically corresponded to the participant's cognitive ability, assessed from the application of the Mini Mental State Examination (MMSE) by the respective examiners. Patients included obtained the following scores: >15 (if illiterate); > 22 (if 1-11 years of education) and >27 (up to 11 years of education). In relation to being fit emotionally, patients included in the study were those who reported feeling good to participate in data collection.

Data collection took place from June to October 2013 under the consent of the clinical director of the hospital and the nurses responsible for clinical-surgical units. Each of the participants prior explanation about the research and its purpose was accomplished by assuring them their anonymity and as the manifestation of their acceptance to participate in the study was asked to sign the Informed Consent Form as the initial stage of the research.

Data were obtained through a history script and physical examination built from the Security/Protection domain present in the taxonomy of NANDA-International, notably on risk factors for risk falls ND, in the form of a checklist. One of the items of that script was the Pain Visual Analog Scale which is represented in a straight line and spread the values for pain, in which the ends are the lack of pain symbolized by the 0 value and the

other end of the value assigned to the fullest pain represented by 10.⁸⁻⁹

Later, the patient was subjected to "Walking and balance scale of Tinetti" which aims to evaluate balance and walking by performing some exercises. Tinetti test consists of 16 questions, with score 0-2, containing information about: sitting balance; attempts to get up; balance standing and rotating 360 degrees. The walking is evaluated through its beginning; length, height, symmetry; continuity of steps; direction; trunk oscillation; the trajectory deviation and distance ankles.¹⁰

The application of NOC scale was also included in order to assess the Falls Prevention Behavior. NOC is a nursing taxonomy developed to support the actions of the nurse in the assessment of the individual's health status. This is arranged in a Likert scale with 19 indicators to be scored from 1 to 5 corresponding to the frequency observed from never demonstrated to consistently demonstrated.⁷

For this study, it was applied this result nursing, reviewed by a researcher whose scale contains 20 items. However, because it is a specific population, some indicators were not evaluated as in the case of absence of non-slip material, immobilization, climatic conditions, decreased mental status and living alone, because they are factors that are not part of their environment or they are in the inclusion criteria adopted in the research.¹¹

As the most relevant data were identified, the information was organized in a database according to demographic data, clinical information, the risk factors for falls risk ND, the score for Tinetti scale and the score obtained from the application of Falls Prevention Behavior scale. Finally, for data analysis, descriptive statistics were used by applying the Kolmogorov-Smirnov test to verify the normality of the data.

This study was approved by the research project at the Research Ethics Committee of the Federal University of Rio Grande do Norte/CEP/UFRN, under number 121,028 and CAAE 07614812.6.0000.5537, in accordance with the provisions of Resolution 466/2012 of National Health Council about the guidelines and standards governing research involving human beings. It also obtained funding from the National Council for Scientific and Technological Development-CNPq under number 486042/2011-1.

RESULTS

Among the male participants of this study, 55.9% of them were from the interior of Rio

Grande do Norte and most of them live without a partner. As a highlight, there is the occupation of the participants in 79.7% of the sample being retirees with the salary average of 1.97 (1.0 to 8.0). Table 1 also contains clinical information on the average number of days after the surgery and the value attributed to the pain of each participant. These factors are essential for better recovery and establishment of care directed to each patient.

Table 1. Distribution of patients according to socio-demographic and clinical characteristics. Natal, 2014.

Variables	n	%	CI 95%	
Marital status				
Without partner	41	69.5%	57.6% - 81.4%	
With partner	18	30.5%	18.6% - 42.4%	
Total	59	100.0%		
Nationality				
Interior of RN	33	55.9%	44.1% - 67.8%	
Natal	26	44.1%	32.2% - 55.9%	
Total	59	100.0%		
Religion				
Practitioner	50	84.7%	74.6% - 93.2%	
Not practitioner	9	15.3%	6.8% - 25.4%	
Total	59	100.0%		
Occupation				
Retired	47	79.7%	69.5% - 89.8%	
Farmer	6	10.2%	3.4% - 18.6%	
Electrician	2	3.4%	0.0% - 8.5%	
Self-employed	1	1.7%	0.0 % - 5.1%	
Public employee	1	1.7%	0.0% - 5.1%	
Collector	1	1.7%	0.0% - 5.1%	
Driver	1	1.7%	0.0% - 5.1%	
Total	59	100.0%		
Variables	N	Average	SD	KS
Age (years old)	59	69.0	5.363	0.296
Years of education	59	7.24	5.728	0.301
Family income (salaries)	59	1.97	1.426	0.000
Pain (n)	59	0.14	0.819	0.000

CI- Confidence interval; KS- Kolmogorov Smirnov test; SD- standard deviation.

The falls risk diagnostic belonging to the safety and security domain of NANDA-International Taxonomy features as definition “the risk of increased susceptibility to falls that can cause physical harm”, thus the risk factors are grouped by classes of environmental risk, cognitive, physiological and medical factors as shown in table 2. It is noteworthy among environmental risk factors, the environment with excess furniture and the absence of non-slip material on the shower and standstill as prevalent for possible episodes of falls.⁸

Table 2. Falls risk of the nursing diagnosis identified in post-operative patients. Natal, 2014.

Risk factores	n	%	CI 95%	
Environmental:				-
1. Environment with excess furniture	59	100.0%	100.0%	100.0%
2. Absence of non-slip material on the shower	59	100.0%	100.0%	-
				100.0%
3. Standstill	59	100.0%	100,0%	-
				100.0%
4. Age over 65 years	27	45.8%	33.9%	- 59.3%
5. History of falls	14	23.7%	13.6%	-
				35.6%
6. Rugs around the ground	2	3.4%	0.0%-	8.4%
7. Low lighting	1	1.7%	0.0%	- 5.1%
8. No Family room				
Cognitive:				
9. Use of wheelchairs	5	8.5%	1.7%	-15.3%
10. Use of auxiliary devices	3	5.1%	0.0%	11.9%
11. Leg prosthetic	1	1.7%	0.0%	- 6.8%
Physiological				
12. Diarrhea	59	100.0%	100.0%	14.6%
13. Acute disease	59	100%	100%	100%
14. Feet disease	59	100%	100%	100%
15. Vertigo extending the neck	59	100%	100%	100%
16. Anemia	10	16.9%	8.5%	27.1%
17. Physical mobility impairment	7	11.9%	5.1%	20.3%
18. Walking difficulties	6	10.2%	3.4%	18.6%
19. Vascular disease	5	8.6%	1.7%	15.5%
20. Decrease strength in lower extremities	5	8.6%	1.7%	17.2%
21. Vertigo when turning the neck	4	6.8%	1.7%	13.6%
22. Arthritis	3	5.1%	0.0%	11.9%
23. Proprioceptive deficits	3	5.1%	2.7%	11.8%
24. Harmed balance	3	5.2%	0.0%	12.1%
25. Orthostatic hypotension	3	5.2%	0.0%	12.1%
26. Changes in sugar levels after meals	3	5.1%	0.0%	11.9%
27. Neoplasms	3	5.1%	0.0%	10.2%
28. Neuropathy	3	5.1%	0.0%	10.2%
29. Hearing impairment	2	3.4%	0.0%	8.5%
30. Visual impairment	2	3.4%	0.0%	8.5%
31. Lack of sleep	2	3.4%	0.0%	8.6%
32. Incontinence	2	3.4%	0.0%	8.5%
33. Urinary urgency	1	1.7%	0.0%	5.1
Medication:				
34. Antihypertensive agents	21	35.6%	23.7%	47.5%
35. ACE Inhibitors	12	20.3%	10.2%	30.5%
36. Narcotics/Opiates	12	20.3%	10.2%	30.5%
37. Hypnotics	11	18.6%	10.2%	28.8%
38. Diuretics	7	11.9%	3.4%	20.3%
39. Anxiolytic agents	5	8.5%	1.7%	16.9%
40. Tranquilizers	5	8.5%	1.7%	15.3%
41. Tricyclic antidepressants	3	5.1%	0.0%	10.2%

CI- Confidence interval.

In Table 3, indicators that make up the result of NOC Falls Prevention behavior have been analyzed, checking the frequency of the use or not of environmental conditions present in the hospital offered to prevent falls and their consequences during the admission process hospital, closer to score of 5, being the best criteria adopted.⁷

When viewing the table, it is seen that significant part of the indicators demonstrates the effectiveness of the responses expressed by the Falls Prevention Behavior of patients. Items such as: makes use of appropriately

sized clothes, keeps the environment free from accumulation of objects and obstacles, appropriate use of stool and ladder and requests are often present physical help in the prevention of falls.

On the other hand, items such as: appropriate use of rubber rugs in the bathroom, and properly use of alarm system are not identified significantly, and for this reason it is worth mentioning that there is a care direction for the weak points in relation to the Falls Prevention Behavior.

Table 3. NOC Outcome indicators Falls Prevention Behavior. Natal, 2014.

Variables	Average	Median	KS	DP
Use of appropriately sized clothes	4.88	5.00	0.000	0375
Keeps the environment free of accumulation of objects and obstacles	4.33	4.00	0.019	0,991
Properly use of stool and ladder	4.33	4.50	*	0.816
Ask for physical aid	4.27	4.00	0.000	0.925
Use of barriers to prevent falls	3.92	4.00	0.002	1.022
Handrail use when needed	3.86	4.00	0.000	1.436
Use of appropriate footwear to prevent falls	3.76	4.00	0.000	0.795
Auxiliary device use	3.75	3.50	0.905	0.957
Properly use of hearing correction features when needed	3.75	3.50	0.905	0.957
Properly use of chairs	3.68	4.00	0.003	1.008
Unrest controls	3.53	4.00	0.000	1.513
Properly use of vision correction capabilities	3.32	4.00	0.003	1.070
safe actions use during transfer	3.25	4.00	0.000	1.226
Urinary/intestinal urgency management	3,19	3.00	0.021	1.514
Properly use of the bed	3.16	3.00	0.008	1.240
Safety bars Use in the bathroom	3.10	4.00	0.006	1.583
Precautions when taking medicines that increase the risk of falling	3.08	3.00	0.008	1.208
Height fitting of the toilet as needed	2.78	3.00	0.045	1.219
Properly use of alarm system	1.96	1.00	0.000	1.239
Properly use rubber rugs in the bathroom	1.00	1.00	*	0.000

KS-Kolmogorov Smirnov; SD- Standard deviation; *Not informed data, because the environment did not have this type of material. Source: Direct Research.

Tinetti test adopted by the study was applied in order to be an additional tool to identify key factors in the development of falls. Since the test includes thorough analysis of walking and balance of each participant, it was possible to evaluate the clinical situation

of each patient and recognize which had higher chance of developing events such as falls or which would be more likely. The table shows the statistics found by applying the test that was equivalent to an average of 17.32, which will be discussed later.¹⁰

Table 4. Tinetti test results. Natal, 2014.

Variables	n	CI
N	59	59-59
Average	17,32	16,64-18,07
Standard deviation	2,776	2,334-3,137

IC- confidence interval.

DISCUSSION

The context in which the epidemic by falls is highlighted and the change in the epidemiological profile is characterized by the predominance and evidenced from external causes, important to know the patients to whom we are assisting.⁴

It is known that research participants were all male and elderly, mostly retirees and have an average age of 69.0 (± 5.36) years old, inferring that these sociodemographic characteristics influence the clinical characteristics presented.

It was estimated an average of pain in 0.14 (± 0.81) by applying the visual analogue scale of pain, which is a simple, sensitive and enables continuous analysis of pain. This result implies that the pain was not a determinant for the risk of falls in this population, but it is understood that its presence may contribute to the occurrence of this event. Study in elderly patients with lower limb pain or osteoarthritis patients showed that 45% of respondents have been victims of an episode of fall in that year and required hospitalization, and 77% reported

cases of “almost fall” during their stay in this environment.¹²⁻³

In the risk factors of the diagnosis risk of falls, the environment with excess furniture and absence of non-slip material in the shower was highlighted. These factors are conditions for the occurrence of falls, appearing by the hospital environment, specifically the wards where patients spend most of their time during hospitalization.

The rooms consist of three beds, each with an accessory table for having meals, serum supports and infusion pumps, a seat for the caregiver, a locker to store personal items and a bathroom, which does not allow keeping the environment with proper disposal. It has been still in the bathroom absence of non-slip material, becoming relevant, since the patient uses this environment to perform their hygiene, physiological needs and, moreover, many of them have difficulties or high level of dependence, which together with the moisture from the ground may predispose to favorable conditions for episodes of falling.

In this regard, other studies address that falls are also a cause of inadequate

environments, in these places, falls mostly occur related to problems with the environment, such as the slippery floor, variety of furniture and objects that hinder the movement the elderly, climbing objects to achieve something, the bed falls, poor lighting and lack of handrails in the hallways.¹⁴⁻⁵

It is noteworthy that because it is a study with elderly people, physiological conditions that they have can become risk factors for fall, such as those identified in this study, such as diarrhea, presence of acute disease, diseases of the feet and vertigo to extend the neck. Given this, it is understood that diarrhea affects the caused weakness and increase the frequency of use of the bathroom, which can predispose to fall and, moreover, as the environment does not offer ideal conditions as previously mentioned, this risk increases.

Integrative review study on risk factors for falls in the elderly showed that the existence of chronic diseases like hypertension, diabetes, arthritis and osteoporosis increase the chances of falls.¹⁶ With foot problems, another cross-sectional study aimed to prevent falls in the elderly, cited that deformities of the fingers, presence of ulcers and deformed nails are intrinsic factors that favor the occurrence of falls due to the decrease in functional mobility.²

It was found that as medication risk factors, the most drug classes used by these individuals were antihypertensive agents and inhibitors of angiotensin converting enzyme (ACE), present in 35.6% and 20.3% respectively. Since these drugs are part of the treatment plan for each patient and can cause orthostatic hypotension, dizziness, syncope and chest pain caused by their hypotensive effect, are important factors for falls.¹⁷⁻⁹

The study used the application of the result scale of nursing Falls Prevention Behavior of NOC, which addresses key elements of the hospital and the postures of the patient compared to the resources available to prevent the risk of falling. It stands out as indicators the use of appropriately sized clothes and keeps the environment free from accumulation of objects and obstacles.⁷

The clothes used by the patients are offered by the hospital and the wards are the same for all rooms. It is then ready for use to organize this environment to avoid the fall of the patients and not endanger ward mates.

The legislation ensures that the elderly approached in this study, has the right to have a caregiver when hospitalized. At the hospital, where the study took place, the rooms are equipped with alarm devices to trigger and

ask for help if necessary, but before the results can be seen that this feature is not used and in case they need to get out of bed to ask aid, depending on the clinical situation of the patient they may suffer an episode of fall.²⁰

Two factors are essential for clinical evaluation of the patients, their balance and walking, thus Tinetti Test was used contemplating these factors through questions for assessing each patients in their needs, and translate health status of each one. The balance scale has a maximum score of 17 points, while the walking scale 11 points can be achieved. The total score is 28 points and, if obtained scores below 19 points, it is indicating five times higher risk of falls. In this study an average of 17.32 (± 2.776) was obtained, which translates into an increased risk for falls and requires, preventive measures and specific care for this gender and age group of the corresponding population.¹⁰

With all this discussion, it is clear that the instruments used in the study have great value to infer the situation and the risk of falling that each patient is exposed, and thus characterizing the factors implying this risk in a hospital scenario.

From the identifications, there is the reflection of needing a systematic care, based on scientific studies and the provision of adequate and safe environment for the elderly man to be hospitalized in this environment.

However, this study has limitations when considering its cross-sectional design, for not establishing cause and effect. Therefore, it is recommended longitudinal studies for these types of relationships be analyzed in the subject of this study, to highlight human health and the risk of falls in hospitals.

CONCLUSION

Fall is a real event in the life of elderly men and causes them consequences. Thus, the approach to these patients must contain a full and comprehensive assessment in order to identify intrinsic and extrinsic risk factors that predispose to this event and the nurses' actions to combat these factors and offer better quality in the care provided in hospitalization process.

For this evaluation, health professionals and especially the nurses may use tools and taxonomies to identify the patient presenting an increased risk to fall. The focus should be on preventive measures to ensure that the falls do not happen and not generate an increase in length of hospital stay or result in major consequences for hospitalized elderly men, mainly because of knowing that they are

part of a group of people who do not usually seek health services.

It can be stated that the balance and walking deficits are common among elderly people and contribute to the occurrence of falls in this population and recognize older people with greater difficulties in balance and walking being an effective measure in preventing falls, and in this way, it is stated that Tinetti scale was proved to be an effective tool.

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