CONDUCT POST FALLS OF PATIENTS IN HOSPITAL INSTITUTIONS: AN INTEGRATIVE REVIEW

ABSTRACT
Objective: analyzing publications about post falls conducts of patients in hospital institutions. Method: an integrative review that included six stages. The guiding research question was: << What behaviors/care must be taken after the occurrence of an event of fall of a person admitted to a hospital? >>. The search strategy was conducted in two libraries and six databases for the years 2002 to 2012, and resulted in 33,280 publications, which after applied the inclusion and exclusion criteria, there was obtained a sample of nine articles analyzed descriptively. Results: in the findings were cited a total of 20 post falls conducts of patient in hospitals, such as care of lesions and performing radiography. Conclusion: most of the findings about post fall conducts of hospitalized patients were relevant and consistent with protocols and/or already established curative measures already instituted and used as a standard or not.

Descriptors: Nursing; Accidental Falls; Behavior; Hospitals.

RESUMO

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Objetivo: analizar las publicaciones acerca de conductas de post-caídas de los pacientes en las instituciones hospitalarias. Método: revisión integradora que incluyó seis etapas. La cuestión de la investigación fue: << ¿Qué comportamientos/cuidados deben ser adoptados después de la ocurrencia de un evento de caída de una persona admitida en un hospital?>>. La estrategia de búsqueda se realizó en dos bibliotecas y seis bases de datos con respecto a los años de 2002 a 2012, y resultó en 33.280 publicaciones, se aplicaron los siguientes criterios de inclusión y exclusión, se obtuvo una muestra de nueve artículos analizados descriptivamente. Resultados: los hallazgos fueron citados a un total de 20 conductas post-caídas de los pacientes en los hospitales, como el cuidado con las lesiones y ejecución de radiografía. Conclusión: la mayoría de los hallazgos acerca de las conductas de post-caída de pacientes fueron pertinentes y de conformidad con los protocolos y/o medidas curativas ya establecidas y usadas como estándar o no. Descriptores: Enfermería; Accidentes por Caidas; Conducta; Hospitales.
INTRODUCTION

Cases of professionals committing iatrogenic regarding medication errors, cutaneous lesions in customers by cutting material, among others, shown in television media, often with underage persons, such as children, in general cause greatly impact and empathy from society. Approximately one in ten hospital admissions result in an adverse event, and about half of these are preventable, and around one in three adverse events cause real harm to the patient.¹

Given the global scenario that adverse events have presented and diversity of processes involved to achieve a assistance in secure health, the World Health Organization (WHO) launched the World Alliance for Patient Safety, in partnership with the Joint Commission International (JCI) and has encouraged the adoption of International Patient Safety Goals (IPSG), as a strategy to guide best practices for reducing risks and adverse events in health facilities, and among these are the prevention of patients misidentification, miscommunication, medication errors, errors in surgical procedures, infections associated to care and falls of patients.²

The fall can be defined as the event that leads a person inadvertently to the ground or at a lower level³, or even as “unplanned decline to the ground, with or without injury”.⁴¹⁷¹ In a hospital setting, this adverse event can worsen the patient’s condition, increase the length of hospital stay, and even lead to death of inpatients.⁵

Physically, the falls of patients can cause injuries directly related to trauma: in the skin, joints, muscles and/or bones and even organs; in relation to psychological of individuals who fall, can occur reactions as fears of further falls, anxiety, depression, loss of self-esteem among others.⁶ In relation to social issues, they pass the increased costs on human resources and technicians, resulting from the increased length of hospital stay, and increased need for aid person before reducing their autonomy.⁶ Moreover, these effects may be increased if proper care were not undertaken by health professionals.

Although the main focus in quality of care, be not allowing the patient falls to occur, that means, the implementation of preventive measures, can not overlook that the provider of care, professional, is a being human, prone to mistakes, and that at some point, however be cautious for the professional/health care, damage can occur to the care receiver.

Apesar do foco principal, presente na qualidade da assistência, ser o de não permitir que as quedas de pacientes ocorram, ou seja, a implementação de medidas preventivas, não se pode deixar de considerar que o prestador da assistência,

Care measures need to be systematized, instituted and protocolized that on a fall event health professionals know how to proceed, or even give importance to the occurrence of the adverse event, using appropriate procedures to minimize or eliminate potential complications inherent to this adverse event.

According to the National Patient Safety Agency (NPSA) in the United Kingdom (UK), among the actions/cares to be performed are: radiography, neurological evaluation, investigate medications that the patient uses, verify signs and symptoms of limbs fracture and possible spinal injury and observe warning signs of an underlying deterioration that may warrant an urgent medical intervention, regardless of any effective injury.⁷

Looking ratify or expand knowledge about the care and research studies that report what actions are implemented after the fall of patients through an extensive search of the literature, this study aims to:

- Analyze publications on post falls conducts of patients in hospitals.

METHOD

This study was elaborated from the dissertation << Falls patients in hospitals: an integrative literature review >> submitted to the Graduate Program in Fundamental Nursing, Ribeirão Preto College of Nursing, University of São Paulo, Brazil.

The integrative review based on the theoretical framework of Whittemore and Knafl.⁸ This method of review is broader as it allows to include theoretical and empirical literature as well as studies with different methodological approaches.⁸ The review was conducted in six steps: problem identification revision, sample selection, data extraction of the selected studies, assessment of the studies included in the review, interpretation and integration of results and presentation of the review/synthesis of knowledge in articles analyzed, respectively.

In the first step of the integrative review was carried out the elaboration of the research question: << What behaviors/care must be taken after the occurrence of an event of fall of a person admitted to a hospital? >>.
In the second step, a survey of published studies on post falls care or conducts of patients was performed by searching online, on a computer connected to the internet.

The integrative review was performed in Cochrane and Scientific Electronic Library Online (SciELO) libraries and in the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), EMBASE (Excerpta Medica Database), Literature in the Health Sciences in Latin America and the Caribbean (Literatura Latino-Americana e do Caribe em Ciências da Saúde - LILACS, in Portuguese language), PubMed (of the United States [U.S.] National Library of Medicine - National Institutes of Health), Scopus and Web of Science.

The criteria for inclusion of articles in this study were as follows: primary original articles published from January 2002 to December 2012 indexed periodicals in the library or electronic databases aforementioned; articles published in Portuguese, English or Spanish; scientific articles in full; scientific studies that addressed post falls conduct or care of patients in hospitals; descriptive studies, opinion of authorities and/or reports of expert committees related to the guiding questions, that conducted statistical analysis.

Exclusion criteria were: not being present in full in the electronic addresses of search, in the selected databases or journals in the Coordination for the Improvement of Higher Education Personnel (Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES, in Portuguese language) linked to the University of São Paulo; the non-pertinence of study; populations present outside the hospital; studies in preclinical phase and/or secondary and research involving specific types of inpatient falls (e.g., of bed, with injuries). The primary selection of articles as the appropriateness of these to the objectives of this study occurred by reading the title, abstract and objective, and in cases that occurred the uncertainty about inclusion of article was realized the analysis of it in full.

Besides the searches performed with controlled vocabulary was also employed non-controlled vocabularies because often the literature searches performed with the controlled descriptors interfere with the findings, since the articles indexed with this type of vocabulary feature keywords divergent to descriptors thus uncontrolled vocabularies were also used in this research to cover as much about this subject. In PubMed, Embase, CINAHL and LILACS, the selected descriptors were present in the Medical Subject Headings (MeSH), Emtree, Titles and Health Sciences Descriptors (Descritores em Ciências da Saúde - DeCS , in Portuguese language), respectively.

In conducting the search strategy there was no specification of controlled and uncontrolled vocabularies related to research issue, but rather, used the term fall broadly connected with the population (hospitalized patients), and only in assessing the relevance of study it was found that his relationship with the "outcome" expected - post falls conducts.

The descriptors and/or keywords used in the LILACS database and SciELO and Cochrane libraries beheld the Portuguese, English and Spanish languages, whereas CINAHL, Embase, PubMed, Scopus and Web of Science, the research was conducted with the term in English.

The databases those were used its respective controlled vocabulary in the search strategy featured the following descriptors: CINAHL - accidental falls; patients; inpatients; hospitals;

Embase - falling; patient; hospital patient;

LILACS - acidentes por quedas (term in Portuguese), accidental falls, accidentes por caídas (term in Spanish); pacientes (term in Portuguese and Spanish), patients; pacientes internados (term in Portuguese), inpatients, pacientes internos (term in Spanish); hospitais (term in Portuguese), hospitals, hospitales (term in English);

PubMed - accidental falls; patients; inpatients; hospitals.

Despite of using controlled vocabularies in databases, at the time of survey conducted a search without delimitation of MeSH/DeCS/Titles, with the goal of finding the largest possible number of publications that had relation with the theme; i.e., not to restrict the search.

The uncontrolled vocabularies used in libraries/database on the thematic falls, patients and hospitals were:

Cochrane: queda (term in Portuguese), quedas (term in Portuguese), fall, falls, falling, caida (term in Spanish), caídas (term in Spanish); paciente (term in Portuguese and Spanish), pacientes (term in Portuguese and Spanish), patient, patients, inpatient and inpatients; hospital (term in Portuguese, English and Spanish), hospitais (term in Portuguese), hospitals, hospitales (term in Spanish);

CINAHL and PubMed: accidental fall*, accidental fall, fall*, fall, falls, falling; patient, patient*, inpatient, inpatient*,
hospital patient, hospitalised patients, patients hospitalized; hospital, hospital*

Embase: accidental fall*, accidental fall, accidental falls, fall*, fall, falls; patient*, patients, inpatient*, inpatient, inpatients, hospitalised patients, patients hospitalized; hospitals;

LILACS: queda (term in Portuguese), quedas (term in Portuguese), fall, falls, falling, caída (term in Spanish), caídas (term in Spanish); paciente (term in Portuguese and Spanish), patient, inpatient; hospital (term in Portuguese, English and Spanish);

SciELO: queda (term in Portuguese), quedas (term in Portuguese), acidentes por quedas (term in Portuguese), fall, falls, falling, fall accidents, caída (term in Spanish), caídas (term in Spanish), accidentes por caídas (term in Spanish); pacientes (term in Portuguese and Spanish), pacientes (term in Portuguese and Spanish), paciente hospitalizado (term in Portuguese), pacientes hospitalizados (term in Portuguese), pacientes internados (term in Portuguese), patient, patients, inpatient, inpatients, hospitalised patients, hospitalized patient, hospitalized patients; hospital (term in Portuguese, English and Spanish), hospitais (term in Portuguese), hospitales (term in Spanish);

Scopus and Web of Science: accidental fall, accidental falls, accidental fall*, fall, falls, fall*, falling; patient, Patients, patient*, inpatient, inpatients, inpatient*, hospital patient, hospitalised patients, patients hospitalized; hospital (term in English), hospitals, hospital*.

Selected publications in these studies resulted from the comparison of vocabularies related to the fall term with the patient and hospital in chosen libraries/databases, in order to address the research question. Thus, in each database, first, there was the crossing of the terms in your own thematic (falls, patient or hospital) using the Boolean "OR" then performed the cross between the three themes through the Boolean "AND".

Regarding the LILACS database and SciELO and Cochrane libraries was carried out firstly the cross of themes of same language and then conducted a cross between the three languages (Portuguese, Spanish and English).

The asterisk (*) used in uncontrolled vocabularies served to all words that have the same initial part of the word (root) to any termination were found. However, such truncation was considered while doing the crossings between the uncontrolled vocabularies of a same thematic, found different numbers of publications.

After making this search strategy 1,720 publications were found in the Cochrane library and 331 in SciELO; 5,331 in Embase, 353 in LILACS, 2,004 in CINAHL, 10,784 in PubMed, 8,139 in Scopus and 4,630 in the Web of Science databases, totaling 33,280 publications during the years 2002-2012.

A researcher at first conducted the exclusion of items that had no relation whatsoever with inpatients falls. This process resulted in 4,435 articles, which were analyzed by two evaluators, who after conducting many readings were necessary for inclusion that addressed post falls care/conduct, and after application of inclusion/exclusion criteria, selected 32 publications that due to the removal of duplication of articles in more than a database, resulted in a sample of nine publications.

In the third step of the integrative review, extracting the data from the selected studies, after the selection of articles related to the theme, they were arranged in a tool for extracting data that included the identification of the article, methodological characteristics, assessment of methodological rigor, interventions and measured results. The extraction of data was descriptively as shown in surveys, i.e. without manipulation by the reviewers.

In the fourth step, evaluation of the studies included in the review, there was a critical analysis of selected articles on the criteria of authenticity, methodological quality, relevance of information and representativity. To capture the data relevant to the research question, the articles were reread many times as necessary for its understanding.

The fifth stage, interpretation of the results, the selected articles should be categorized according to the level of evidence, being able to adopting the proposed Melnyk and Fineout - Overholt (2005). Thus, this study used this classification proposal evidence of levels, as illustrated in Figure 1:
In the sixth stage was performed a presentation of the review/synthesis of knowledge in articles analyzed, the synthesis and descriptive data analysis, since the findings contemplated studies with heterogeneous methodological design. It is a step that is necessary to detail meticulously primary research in order to enable the reader to ascertain the basis suitability of procedures undertaken, but also declare possible methodological limitations in the preparation of the review.8

RESULTS

After applying the inclusion and exclusion criteria, the sample consisted of nine studies (Figure 2), however, it was found that no study specifically addressed the issue post falls conducted/aftercare of patient, but were reported descriptively in over the few studies nursing and physicians conducted after the occurrence of the adverse event of a fall.

For the years of publication, one publication of the study sample (n = 9) in 2005, one in 2007, two in 2009, two in 2011 and three in 2012 occurred. Vehicles of publication in which the surveys presented were Gerokomos, International Journal of Nursing Practice, Joint Commission Journal on Quality and Patient Safety, Journal of Emergency Nursing, Journal of Nursing Care Quality, Life Science Journal, Perspectives in Psychiatric Care, Journal of São Paulo University School of Nursing and Spanish Journal of Geriatrics and Gerontology.

In 55.6% of the published articles, the multidisciplinary team was responsible for them, and they all had in its composition nurses, and the remainder (44.4%) nurses and medical professionals were responsible in...

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Journal</th>
<th>Profession of authors</th>
<th>Country (study)</th>
<th>Language</th>
<th>Database/virtual libraries</th>
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<tr>
<td>2005</td>
<td>Characteristics and risk factors for falls in stroke patients</td>
<td>Spanish Journal of Geriatrics and Gerontology</td>
<td>Physician</td>
<td>Spain</td>
<td>Spanish</td>
<td>Scopus</td>
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<td>2007</td>
<td>Patient falls and open visiting hours: A case study in a ‘Taiwanese Medical Center’</td>
<td>Journal of Nursing Care Quality</td>
<td>Nurse</td>
<td>China</td>
<td>English</td>
<td>CINAHL, PubMed, Scopus, Web of Science</td>
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<td>2009</td>
<td>ED patient falls and resulting injuries</td>
<td>Journal of Emergency Nursing</td>
<td>Nurse</td>
<td>USA</td>
<td>English</td>
<td>CINAHL, PubMed, Scopus, Web of Science</td>
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<tr>
<td>2009</td>
<td>Falls in a Psychiatric Institution in Beijing, China</td>
<td>Perspectives in Psychiatric Care</td>
<td>Nurse</td>
<td>China</td>
<td>English</td>
<td>CINAHL, PubMed, Scopus, Web of Science</td>
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<td>2011</td>
<td>Analysis of falls incidents: nurse and patient preventive behaviors</td>
<td>International Journal of Nursing Practice</td>
<td>Nurse</td>
<td>Australia</td>
<td>English</td>
<td>CINAHL, PubMed, Scopus, Web of Science</td>
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<td>2011</td>
<td>Incidence of falls in a University Hospital: factors related</td>
<td>Gerokomos</td>
<td>Nurse</td>
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<td>Spanish</td>
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<tr>
<td>2012</td>
<td>Falls Epidemiology at King Abdulaziz University Hospital, Jeddah - Saudi Arabia - 2009</td>
<td>Life Science Journal</td>
<td>Physician</td>
<td>Saudi Arabia</td>
<td>English</td>
<td>Scopus, Web of Science</td>
</tr>
<tr>
<td>2012</td>
<td>The implementation of a hospital’s fall management protocol: results of a four-year follow-up</td>
<td>Journal of São Paulo University School of Nursing</td>
<td>Nurse</td>
<td>Brazil</td>
<td>Portuguese</td>
<td>LILACS, PubMed, SciELO, Scopus, Web of Science</td>
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<tr>
<td>2012</td>
<td>Is it possible to identify risks for injurious falls in hospitalized patients?</td>
<td>Joint Commission Journal on Quality and Patient Safety</td>
<td>Nurse</td>
<td>USA</td>
<td>English</td>
<td>CINAHL, Cochrane, PubMed, Scopus</td>
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equal percentage each (22.2%) for the conduct of studies. The countries that performed the publications were China, Spain and the United States of America (USA) with two items each, and Saudi Arabia, Australia, and Brazil with one publication each.

Among the three languages present in the inclusion criteria, six publications were in English, two in Spanish and one in Portuguese, demonstrating a balance between publications. Moreover, without the removal of duplicate articles met 32 publications, present in one or more of the eight database searched, and Scopus presented the highest number of publications (nine articles), followed by CINAHL (seven), PubMed (six), Web of Science (six), Cochrane (one), Embase (one), LILACS (one) and SciELO (one).

Levels of evidence concerning the types of studies were J[12-18,20] of two of which, and VI[13-19] in seven of them, so that the descriptive studies were predominant. Regarding the hospitals where the study occurred, four were performed in teaching hospitals (44.5%), in which three also had the characteristic of being community, reference in trauma or accredited; two general (22.2%), one of them being a high complexity; one of acute care, one psychiatric and one metropolitan (teaching). Have the people regarding the samples of the studies conducted, four studies have examined all age groups; three, adult patients (over 18 years); one, psychiatric patients; and another, those diagnosed with cerebrovascular accident (CVA)/elderly.

In total there were 20 reported behaviors in articles: simple dressing/suturing/injury care (and bleeding) [13,15-7,19]; radiography [12,14,18-20]; comfort of the patient [13,16,18]; medication administration/analgésia [17,19]; clinical evaluation [16,18]; communication to doctor [16,17]; observation [17,19]; Computed Tomography (CT) [12,14]; to transfer to other units (intensive care unit [ICU]) [20] and emergency unit [20] or a general hospital [15]; medical evaluation/specialist [19]; electrocardiogram [14]; laboratory examination [14]; imaging tests [19]; psychotherapy or occupational therapy [20]; multiple interventions [18]; guidances/tips reinforcement for preventing falls [7]; surgical procedure [1]; delivery to a person a "special visitor card" [18]; trend changes in medications [20]; and physical constraints (new orders). [20]

**DISCUSSION**

Regarding post falls conducts, identified that almost all articles that had cited the same level of evidence VI[13-7,19] but virtually all relevant actions mentioned were being performed when the occurrence of this event, also present in other literatures. [7,21,3]

When the fall occurs in the individual, corporeal structures are impacted against a surface, where depending on the force exerted on the same, state of homeostasis of the human body, the body mass of the person and momentum with the fall happens, the body of falling victim may be impaired and may have clinical signs and symptoms or not. Thus, imaging tests [19], including radiography [12,14,18-20] and CT [12,14] present in the results are complementary research resources that can assist in finding the real involvement of the individual.

The nursing team as a whole is essential in an early care and carrying out maneuvers of basic life support when appropriate, the patient suffered a fall in intrahospital setting, even because they are professionals who have direct contact with the patient 24 hours a day; and the nurse is the key element in driving this process; however, for more appropriate, fail-safe, can be this care, is necessary that the physician responsible for the patient and/or "available" immediately prompted for a broader assessment of falling victim, it is the professional with technical and legal support to make medical diagnoses, prescribe medications and request additional tests; and, even in the presence of conducting operations/driving in cases of urgent / emergency in hospital environment is required. So communication to medical [16,7] and evaluation by a physician and/or specialist cited in the studies are quite relevant.

Commonly, the fall is by intrinsic causes, from pathological, physiological changes, these consequential aging, psychological factors and side effects of medications; or due to extrinsic causes, related to the behavior and activity of people and the environment. [24] Among the factors inherent to the individual, acute illness with onset within the hospital need to be considered, such CVA and acute myocardial infarction. [25] Thus, additional tests such as an electrocardiogram [14], laboratory tests and computed tomography [12,14], the present findings need to be considered.

Fall is considered one of the forerunners agents of traumatisms. [4] So, when there is the occurrence of a fall, the initial assessment of trauma related to the victim's responsiveness, airway assessment, check the respiratory and circulatory pattern, respectively, are basic measures that need to be undertaken as rapid and efficient action on the abnormalities found may determine the remaining life of the individual. These behaviors may have been included in the income of clinical
which included vital signs and neurological status in one study. However, between the results of the present study was not cited a systematic primary approach, which until could be present within the clinical evaluation items and “multiple interventions”, but that was not emphasized as an initial measure. Added to this, the administration of medication/analgesia was quoted as a measure undertaken in the post fall period, showing the relevance of assessing the pain of the individual, regarded as the fifth vital sign by the Ministry of Health, as apparent injury may or may not trauma, pain and trigger generating an inflammatory process, once corporeal structural conformations are “removed from its homeostasis”.

In addition to this medication administration after the fall, one of the studies approached the changes trend of medications among patients who fell and had injuries, demonstrating the need for review of drug therapy with potential risk for falls used, and also the other risk factors intrinsic and extrinsic factors that may be present, so that further declines will not occur.

It was found that the studies cited observation and comfort of the patient, such as conduct that were implemented after the occurrence of falls, demonstrating that it is not only necessary to conduct a timely service to the fall event, but, yes, follow the clinical status of the individual in hospital period.

Regarding the observation of individuals who have suffered or is suspected injuries to the head, the National Institute for Health and Clinical Excellence (NICE) recommends that the assessment of the level of consciousness by the Glasgow Coma Scale (GCS), pupillary size and reactivity, limb movement, breathing and heart rate, blood pressure, oxygen saturation in the blood and body temperature should be realized; being that the observations should be recorded every 30 minutes until it is reached the GCS score of 15 or until it be reached two hours after the occurrence; hourly during the four sequential hours; then every two hours thereafter. Moreover, in one of publications after the occurrence of the fall, provided a person is nearby (companion) to the victim of this adverse event card special visitor in order to provide greater monitoring of the patient during the hospital stay.

Another conduct cited after the occurrence of falls was the guidances/tips of reinforcement for preventing falls, because it assumes that the patient had a fall can have other, since in most cases the risk factors, especially the intrinsic, to the same event are still present. This implies the need to emphasize actions previously discussed and other strategies focused on risk factors present, as well as evaluating the educational methodology used in order to ascertain whether it is proper to the characteristics of patients/family members/caregivers, which are intended to raise awareness.

Nurses must involve patients and families in preventive education of falls and constantly reinforce the measures to be taken to prevent this adverse event occurs in hospital environment. The need for the involvement of other professionals in the care of hospitalized patients occur in the intrahospital environment in addition to nursing professionals and physicians, was cited in one study, in which physical therapists and occupational therapists was nominated for 8% of patients who fell and had injuries and 6% of those who did not have them.

The performance benefits of a multidisciplinary team in improving patient care in many health services are well expatriate in national and international publications as well as in healthcare practice. However, it is not always possible to provide care to the hospitalized individual different professionals, which results in the evaluation of the “real” need for direct involvement of a multidisciplinary team.

The conduct of solicitation physical therapists and/or occupational therapists, possibly demonstrates that even if you have not made a previous preventive perception/care of falls, especially in relation to changes and/or motor and functional weaknesses of hospitalized individuals, held a reassessment of patients that examined the need for action of these professionals; or, the fall can be implicated in abnormalities/damage or need for improvement/strengthening of physiological functions that physical therapists and/or occupational therapists would be essential to the recovery of the individual who fell.

Approximately 1% of patient falls in the hospital setting, there is the occurrence of injuries. This may be ratified by the findings of this study, that among the post falls care of patients, in addition to the tests undertaken by image care, was made a simple dressing/suture/injuries care (and bleeding) which included the application of cold compress.

Added to this, the transfer to other units, among them the ICU and emergency unit, or from psychiatric hospital to general...
hospital present the findings and the need for surgical procedure performed demonstrate the potential severity there may be the occurrence of a drop and the need to act promptly professionals in the assessment and behaviors necessary to prevent worsening of clinical status of the individual. Moreover, in carrying out the search strategy of this study, we found studies not present in the sample, who spoke about performances/aftercare falls, in which two expatiated about an algorithm evaluation and post falls actions in hospitals hospitals; one study summarized the essential care to patients who fell present in the safety report from the NPSA in the UK; and another that evaluated the immediate response of nurses to inpatients falls and had among the key actions to post falls conducts: evaluation of responsiveness; calling for help; to assess airway, breathing and circulation; repositioning the patient to neutral alignment; alignment of the cervical spine; evaluation of pupil dilation; assessing the presence of injuries, especially on the head; topics pertinent to actions when confronted with patients who suffered this adverse event.

Subsequently the care to patient who suffered the fall, it is necessary, as one of the actions to be taken, that will pay more attention to notify the occurrence of this adverse event, therefore bulletins reporting of adverse events, present in database are important sources of alert and information that assist in promoting safety in the hospital environment and contribute to the management of nursing care.

Among the approaches adopted after the occurrence of the adverse event of patient falls were also cited new prescriptions of physical restraints, 16% of patients who fell and had injuries and 15% of those who showed no lesions. The use of physical restraint is a practice that still quite adopted in health institutions, particularly for agitated patients and confusion, but it is still a very questionable practice, as has been found in scientific publication a higher rate of restriction use associated with a higher rate of total drop.

Study performed in a Canadian community hospital showed that the transformation of the culture of patient safety, which involved a physical environment without restriction, resulted in a lower rate of falls with serious injury of hospitalzated patients. Given this, it is pertinent further clarification on the use of such practice of falls prevention/post falls care of inpatients.

Among the limitations of this study, a dearth of scientific literature was verified about this topic based on the methodology used and the lack of approach falls as a precursor of trauma, regardless of where the individual is, in the case of this study, hospital. It is also understood that the main focus of the falls and the prerogative of the quality of health care is not to let that adverse events occur, thus become impertinent experimental studies and/or addressing a prospective basis, the evaluation of effective conduct and postfalls care, providing it to a group and not to others.

CONCLUSION

Given the criteria used in this study, with a strategy of extensive literature search, a shortage of primary scientific publications was verified referring to the topic of post falls conducts of inpatients as well, standardized protocols of care for patients who have suffered this event, addressing him as in-hospital trauma agent.

In this study, the majority of post falls conducts to patients, even randomly mentioned, were pertinent and consistent with protocols and/or healing action already applied and used as a standard, or not.

Professionals/health services should be alert to the fact that the fall of the patient is an adverse event - unexpected or not - that can be prevented, and when prevention does not occur effectively, it is responsibility of the professional and the institution to provide a care to victims as appropriate and consistent as possible with the situation and condition of the patient found.

Treatment protocols become effective tools in hospitals, standardization of appropriate conduct in adverse situations, such as patient falls, which are the precursor agents of trauma, since that allows professionals from different backgrounds, culture and knowledge level, act in accordance with a standard, in other words, “speak the same language”.

From the foregoing, it is important highlight that, although being not a part of the sample from this study, some publications cited in this work described algorithms of post falls care/conducts of inpatients, which are pertinent in the systematization of assistance to an individual victim of in-hospital environments falls; and that professionals need to have the awareness that care do not end only at the time of the event, but, it is necessary to observe/monitor the patient in the no immediate post falls period, and perform the notification of fall event.
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Conduct post falls of patients in in hospital...

Submission: 2013/12/20
Accepted: 2014/04/25
Publishing: 2014/07/15

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