**What are the Three Types of Falls**

3 types of falls:

1. Physiological (anticipated fall)
2. Physiological (unanticipated fall)
3. Accidental

SOURCE: Agency for Healthcare and Research Quality (<https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/practices.html>)

Understanding the causes of falls is important to developing your prevention program. The classification system developed by Janice Morse is useful. Falls can be classified into three types:

**Physiological (anticipated)** *(have risk factors for falls that can be identified in advance. Neurological diseases. Something I have not spoken much about, they should consider using a device like a walker or cane or rollator.)* Most in-hospital falls belong to this category. These are falls that occur in patients who have risk factors for falls that can be identified in advance, such as altered mental status, abnormal gait, frequent toileting needs, or high-risk medications. Key actions to take for prevention include close supervision of the patient (go to section 3.2) coupled with attempts to address the patient's risk factors (go to sections 3.3 and 3.4).

**What are the causes of altered mental status?**

In people with dementia, progressive mental decline is the natural course of the disease.

A sudden altered mental status, such as delirium and psychosis, can be due to issues with nearly any organ system.

Potential causes include:

**What are altered mental status signs and symptoms?**

You may experience a broad range of altered mental status symptoms. They include:

Changes in cognitive function and awareness

Altered consciousness, which may include coma

Confusion

Disorientation

Forgetfulness (amnesia) and other memory problems

Hallucinations, seeing or hearing things that aren’t there

Delusions

Incoherent or nonsensical speech

Slow responses to questions or stimuli

SOURCE: Cleveland Clinic (<https://my.clevelandclinic.org/health/diseases/23159-altered-mental-status-ams>)

**Physiological (unanticipated)** *(occur in adults with a low fall risk, but unexpected events such as a seizure or stroke could not be anticipated. Postural hypertension can cause this.)* These are falls that occur in a patient who is otherwise at low fall risk, because of an event whose timing could not be anticipated, such as a seizure, stroke, or syncopal (fainting) episode. Appropriate post fall care (go to section 3.5), coupled with injury prevention measures in the case of recurrence (go to section 3.4), are key for these patients.

Causes for syncopal episode: drop in blood pressure, drop-in heart rate.

SOURCE: Cleveland Clinic (<https://my.clevelandclinic.org/health/diseases/17536-syncope>)

**Accidental** *(occur in low-risk patients due to an environmental hazard. Checklist to fall proof your home. Holidays-staying in an unfamiliar place. Easier to make sure the path is lighted and familiar than risking a fall and all that comes with that.)* These falls occur in otherwise low-risk patients due to an environmental hazard. Improving environmental safety will help reduce fall risk in these patients but is helpful for all patients (go to section 3.2).

These are preventable falls and are in the category we call “unintended falls”.

More Research:

Agency for Healthcare and Research Quality ( <https://search.ahrq.gov/search?q=3+types+of+falls>)

<https://www.ok2standup.com/blog/3-different-types-of-elderly-falls-explained>