



Health
Northern NSW
Local Health District



The Tweed Hospital

PATIENT INFORMATION

07 • 5506 7000



Are you worried

about a recent **change** in your condition
or that of your loved one?

If yes... REACH out.

WHAT IS REACH ABOUT?

R

You may recognise a worrying change in your condition or in the person you care for.

E

1 Engage (talk) with the nurse or doctor.
Tell them your concerns.

A

2 Ask the nurse in charge for a "Clinical Review".
This should occur within 30 minutes.

C

3 If you are still worried call REACH.
You can use your bedside phone or ask for a ward phone.

H

Call **REACH** on **07 5506 7667**
Help is on its way.

**Speak to your nurse or doctor first.
They may be able to help with your concerns.**



R.E.A.C.H out to us
Because together we make a great team.

The R.E.A.C.H program was developed by the NSW Clinical Excellence Commission.

WHAT IS REACH?

We know you know yourself or the person you care for best.

Tell us if you have a serious concern about your condition or notice a worrying change.

The REACH program helps you share your concerns with us.

HOW DOES IT WORK?

You may **RECOGNISE** a worrying change or have a serious concern about your condition. You may recognise the worrying change in the person you care for.



If you do, speak to the nurse or doctor. Tell them your concerns. We call this **ENGAGING** with our clinicians.



If they do not help you with your concerns or the condition is getting worse then **ACT**. Ask to speak to the Nurse in Charge. Ask for a "Clinical Review". This should occur within 30 minutes.



If you are still worried make a **REACH CALL** to the Emergency Team. Call the number on the other side of this page. You can use the bedside phone or ask for a ward phone.



HELP will be on its way.

HOW DO I CALL THE EMERGENCY TEAM?

Firstly speak to the nurse, doctor and the nurse in charge. They may be able to help you.

If you still feel worried, call the number on the other side of the page. Use your bedside phone or ask for a ward phone.

MAKING THE CALL

Tell the operator:

- Who you are – a patient, family member or carer
- That you need a REACH call
- The name of the ward
- The bed number you, or the person you care for, is in.

WILL I OFFEND STAFF IF I MAKE A REACH CALL?

No. We want patients, carers and families to be involved. Work with us to create the best experience for you or the person you care for during the hospital stay.

When would my advance care directive be used?

- Only when you are unable to express your health care wishes
- To assist the 'person responsible' with consenting on your behalf.

Can I change my directive?

Yes, it is recommended that you review your directive regularly and following a change in your health.

What cannot be included?

An advance care directive cannot contain instructions for illegal activities, such as euthanasia, assisted suicide or assisted dying.

Who is the 'Person responsible'?

In NSW, if you are unable to consent to a medical and/or dental treatment, the health practitioner should seek consent from your 'person responsible'.

The 'person responsible' is:

1. An appointed Guardian, including an Enduring Guardian; if none, then
2. A spouse, de facto spouse or partner where there is a close continuing relationship; if none, then
3. An unpaid carer; if none, then
4. A relative or friend with a close and continuing relationship.

A Power of Attorney cannot make medical or dental decisions for you

Where can I get more information?

- You may also discuss your wishes with your GP. Your GP or other health care professional can provide information related to your health and ageing. You may wish to include your family in this discussion.
- The NSW Trustee & Guardian has information about appointing an Enduring Guardian. They can be contacted on 1300 364 103 or you could visit their website www.tag.nsw.gov.au for more information.
- The NSW Ministry of Health's Making an Advance Care Directive package <http://www.health.nsw.gov.au/patients/acp/Pages/acd-form-info-book.aspx>

What do I do now?

- Learn about any health and ageing issues you may have.
- Think about your values and wishes for treatment.
- Identify your 'person responsible'? Consider legally appointing an Enduring Guardian/s.
- Talk to friends, family, GP about your values and wishes.

For more information and resources:

planningheadtools.com.au

or visit

www.health.nsw.gov.au/patients/acp

(OCHO) 190053
Information in the brochure has been adapted from
Hunter-New England Area Health Service, ACP Brochure

Advance Care Planning

Making your wishes known



What is Advance Care Planning?

Advance Care Planning is an important process that helps you plan for future care, for a time when you are not able to make your health care wishes known.

The process involves thinking about your values, beliefs and wishes about the health care you would like to have if you could not make your own decisions.

It is best if Advance Care Planning happens earlier in life, when you are still well.

Why do I need to think about advance care planning?

Medical technology advances mean that there are treatments which may prolong your life, and that can keep you alive when you are seriously ill or injured.

Some people have firm ideas about how they want to live the rest of their life, including conditions that they might find unacceptable.



Advance Care Planning can include one or more of the following:

- Conversations between you and your family, carer and/or health professional
- Developing an Advance Care Plan on your own or with help from another person. An Advance Care Plan is the documented outcome of advanced care planning. It records your preferences about health and treatment goals
- Appointing an Enduring Guardian. An Enduring Guardian can legally make decisions on your behalf about medical and dental care, if you lose the capacity to make the decision
- Making an Advance Care Directive.

Choosing who should make decisions for you if you do not have capacity is an important part of Advance Care Planning.

Capacity means that you can understand the information and choices presented; weigh up the information to determine what the decision will mean for you and communicate your decision.

What is an Advance Care Directive?

An Advance Care Directive records your specific wishes and preferences for future care. This includes treatments you would accept or refuse if you had a life-threatening illness or injury.

An Advance Care Directive will only be used when you do not have capacity to decide for yourself or to communicate your wishes.

It is recommended your Advance Care Directive be written and signed by you and a witness.

An Advance Care Directive is valid and legally binding if:

- You had decision-making capacity when you made it
- You were not influenced or pressured by anyone else to make it
- It has clear and specific details about treatment that you would accept or refuse
- You have not revoked it
- It extends to the situation at hand.

In NSW, there is no set form to record your wishes

Advance care directives made in other states and territories are enforceable in NSW

PRESSURE INJURY PREVENTION

INFORMATION FOR PEOPLE AT RISK

Pressure injury

A pressure injury, also referred to as a pressure ulcer or bed sore, is an injury to the skin caused by unrelieved pressure. It may occur when you are unable to move due to illness, injury or surgery. A pressure injury can develop at home or in hospital.

They may develop from poorly-fitted shoes, underplasters, splints or braces, and around medical equipment such as tubes, masks or drains.

Pressure injuries can happen quickly, from lying or sitting in the same position for too long. They can be painful, take a long time to heal, and may lead to other complications.



People at increased risk

You have an increased risk of developing a pressure injury if you are:

- elderly or very young
- immobile or unable to reposition yourself
- underweight, eating poorly or have experienced recent weight loss
- overweight
- incontinent (bladder and/or bowel)
- experiencing reduced sensation/feeling

Warning signs of a pressure injury

- redness or skin discolouration
- tenderness, pain, or itching in affected areas
- blistering
- broken skin

Reducing your risk of pressure injury

There are a number of simple things you can do to help reduce your risk of developing a pressure injury.

Move frequently to relieve pressure

Reposition yourself, or ask your carers to assist you to change your position. You can also ask them to regularly remind you to change your position.

Eat a healthy diet and drink fluids regularly *unless you are on fluid restriction*

You may benefit from nutritional supplements if you are underweight, have recently lost weight, or have been eating poorly. Speak to a health care professional for advice.

Keep your skin clean and dry

Regularly change incontinence pads. Use a soap-free cleanser and moisturiser, if appropriate.



Look after your feet

Check for signs of pressure injury on your feet. If you have diabetes or reduced sensation, check your feet regularly. Wear comfortable, well-fitted shoes.

Use appropriate equipment

Ensure any equipment you are using is in good working order and regularly maintained. Specialised pressure-relieving equipment, such as cushions and mattresses, may be required if you are identified as being at risk of developing a pressure injury, or currently have a pressure injury.

Check your skin

Where possible, check your skin at least daily for signs of a pressure injury. If you are experiencing any warning signs speak to a health care professional for advice.

Early sign of a pressure injury

Reproduced with the permission of AWMA. All rights reserved.



Acknowledgements

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.

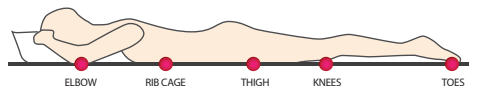
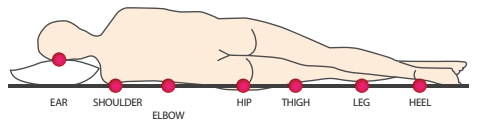
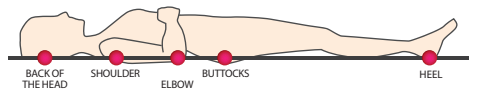
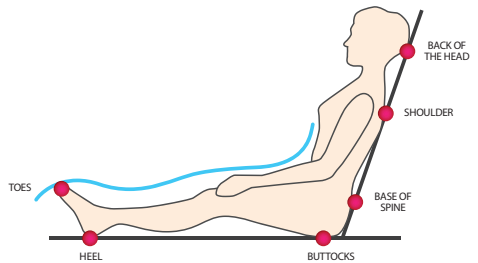
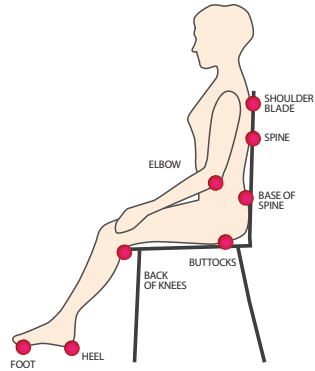
About the Pressure Injury Prevention Project

The Pressure Injury Prevention Project is a project run by the Clinical Excellence Commission. It promotes best practice for the prevention and management of pressure injuries. For further information on the Pressure Injury Prevention Project, visit

www.cec.health.nsw.gov.au/programs/pressure-injury-prevention-project

Pressure Injury Prevention: Information for people at risk.
Released November 2015, © Clinical Excellence Commission 2015. SHPN (CEC) 150588

The diagrams below show the areas of the body at risk of pressure injury when lying and sitting.



PRESSURE INJURY PREVENTION

INFORMATION FOR PATIENTS & FAMILIES

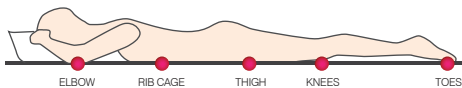
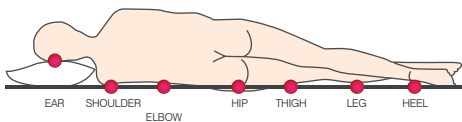
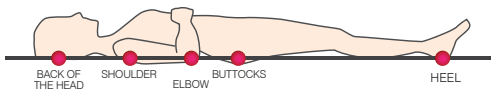
Pressure injury

A pressure injury, also referred to as a pressure ulcer or bed sore, is an injury to the skin caused by unrelieved pressure and may occur when you are unable to move due to illness, injury, or surgery.

Pressure injuries can happen quickly, from lying or sitting in the same position for too long. They can be painful, take a long time to heal, and may lead to other complications.

Pressure injuries may develop under plasters, splints or braces, and around medical equipment such as tubes, masks or drains.

The diagrams below show the areas of the body at risk of pressure injury when lying and sitting.



People at increased risk

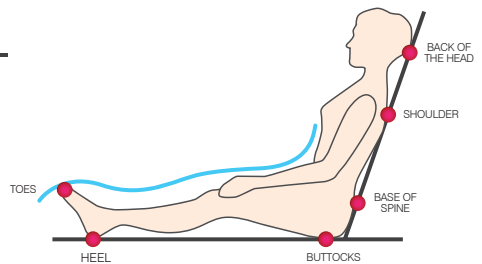
You have an increased risk of developing a pressure injury if you are:

- Elderly or very young
- Immobile or having an operation
- Underweight, eating poorly or have experienced recent weight loss
- Overweight
- Incontinent

Signs of a pressure injury

Check your skin and look for the warning signs:

- Redness/skin discoloration
- Tenderness, pain, or itching in affected areas
- Blistering
- Broken Skin



Reducing the risk of pressure injury

Patients, family, care givers and staff can all help to reduce the risk of a pressure injury.

- Staff will assess your level of risk of developing a pressure injury.
- If you are able to move yourself, involve your carers by asking them to remind you to change your position regularly. If you are unable to move yourself, staff will help you change your position frequently.
- Let staff know if your clothes or bedding are damp. Ask for help if you have a weak bladder or bowel.
- Let staff know if you are experiencing any warning signs (check over page).
- Drink fluids regularly, unless you are on a fluid restriction. You may be offered nutritional supplements if you are underweight, have recently lost weight, or have been eating poorly.
- Keep your skin clean and dry, use a 'skin-friendly' cleanser and moisturiser if appropriate.
- Be aware of the risk of a pressure injury under plasters, splints or braces, and around tubes, masks or drains.
- Specialised pressure-relieving equipment such as cushions and mattresses are available in hospital.

Managing a pressure injury

If you get a pressure injury:

- Staff will discuss how best to manage your pressure injury with you and your care giver. This may be called a 'care plan'.
- Use the prescribed equipment recommended at all times.
- Move frequently (where possible) to relieve pressure.

Heading home

When you go home from hospital with a pressure injury:

- Continue the care plan at home.
- Staff will organise ongoing care, which may include your GP or community nurse.
- Staff will advise you on how to obtain specialised equipment.



About the Pressure Injury Prevention Project

The Pressure Injury Prevention Project is a program run by the Clinical Excellence Commission.

It promotes best practice for the prevention and management of pressure injuries in New South Wales health facilities.

For further information on the Pressure Injury Prevention Project, please visit <http://www.cec.health.nsw.gov.au/programs/pressure-injury-prevention-project>

Acknowledgements

Australian Wound Management Association.

Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury.

Cambridge Media, Osborne Park, WA.

Pressure Injury Prevention: Information for Patients and Families
Released March 2014, © Clinical Excellence Commission 2014. SHPN (CEC) 130169



PRESSURE INJURY
PREVENTION
PROJECT



CLINICAL
EXCELLENCE
COMMISSION

MOVING AROUND SAFELY IN HOSPITAL

INFORMATION FOR PATIENTS, FAMILIES AND CARERS

We want you to be as safe as possible in hospital

During your stay, staff will talk to you about:

- your risk of falling
- how much assistance you need when you are moving around
- ways to prevent falls in hospital

Falls in hospital

There are many reasons you may be at risk of falling in hospital:

- Being unwell and in an unfamiliar place
- Poor mobility and balance (unsafe when walking)
- Badly fitting footwear and clothing
- Poor eyesight
- Urgent need to go to the toilet
- Medications that cause drowsiness or dizziness.

Most falls in hospital happen when people are moving around, including:

- Getting out of bed
- Walking, especially to the toilet
- In bathrooms and toilets
- Bending over or reaching for personal items.

Please tell a staff member if:

- You are worried about falling
- You have had a recent fall or have had a fall in hospital before
- You feel dizzy or unwell
- You need help walking or with things like showering and dressing
- You have problems with your balance
- You need to go to the toilet urgently
- You don't feel safe or comfortable moving around.

Tips for getting around safely:

- Check with a staff member if it is safe to move around on your own
- Use your call bell and keep it in easy reach
- Use a walking stick or frame if this has been recommended for you
- Wear supportive, non-slip shoes or slippers
- Get up slowly from sitting or lying down
- Be alert for any spills or obstacles.

Bathroom safety tips:

- A staff member may need to stay with you for your safety.
- Sit down to shower and use the rails to get up off the chair or toilet.
- Remain seated in the bathroom and use the call bell if you need help moving around.



Carers, family and visitors

We know many carers and family members provide support to patients in their home environment. However, there may be risks associated with hospital environment and the patient being unwell. Please speak with a member of the health care team, such as nurse, physiotherapist or occupational therapist if you would like to keep helping while the person you care for is in hospital.

Carers, family and visitors can help by:

- Telling staff if you notice any changes in the patient's condition
- Making sure the patient can reach their call bell and personal items
- Reminding the patient to ask the nurse for help before getting up
- Telling the nurse before leaving if the patient is experiencing any confusion so that additional safety measures can be taken.



For further information on the NSW Falls Prevention Program, please visit:

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention>

Released February 2017, © Clinical Excellence Commission 2017. SHPN (CEC) 170039

Stay safe at home – prevent a fall

A fall can be serious and lead to loss of confidence and independence. Some tips for your care at home.



See your **doctor** or go to your nearest **emergency department** if you experience any of the following symptoms after discharge from hospital:

- have a headache that gets worse, or will not go away
- feel dizzy or faint
- have blurred vision or slurred speech or you are saying things that don't make sense
- feel increasingly sleepy, restless, confused, agitated, or notice a change in behaviour
- have pain that gets worse, including chest pain
- can't move part of your body, or have increased clumsiness or balance problems
- are feeling sick or vomiting.



Talk to your Doctor or your community health team at your next appointment about:

- feeling weak and/or unsteady on your feet
- how to improve your walking to stay safe
- how to manage long term health problems
- a review of your medications/ tablets
- if you need vitamin D to strengthen your bones
- any eyesight problems
- hearing problems
- any foot pain or problems.



“Staying Active and on Your Feet” booklet includes a health and lifestyle checklist, information on how to get up from a fall and balance and strength exercises to do at home as well as a home safety checklist.

To find a local exercise program and to order a booklet visit: www.activeandhealthy.nsw.gov.au or call 1300 655 957 for a booklet.

A fall can happen to anyone and can also have serious consequences.
Falls are more common as people get older. Stay safe at home – some tips.



Medication

- Take medicine/tablets as advised
- Talk to your doctor about reviewing your medicine/tablets regularly
- Ask your doctor if your medicines have any side effects
- Keep an up to date list of all your medications for appointments or hospital visits



Hearing and sight

- Wear your glasses and hearing aids as prescribed
- Have your eyesight and hearing checked regularly
- See your doctor if you are concerned



Home safety

- Use hand rails on stairs and in bathrooms and toilets
- Have your home assessed by an Occupational Therapist for special equipment e.g. shower chairs, raised toilet seats etc
- Avoid climbing ladders or on chairs, ask for help where possible
- Have good lighting, inside and outside your home
- At night, keep a night light on or use a sensor light
- Keep your mobile phone handy/wear a personal alarm



Trip/slip hazards

- Remove clutter or things you could trip over at home
- Wipe up spills on the floor straight away
- Remove or secure loose mats
- Be mindful of pets that are nearby
- Ensure outside pathways are clear and power cords and/or hoses are rolled up
- Avoid rushing!
- Use walking aids if advised
- Be careful on uneven surfaces



Footwear

- Wear properly fitted shoes with non-skid soles
- See your doctor or a health professional such as a podiatrist if you have foot pain or health problems that affect your feet



Exercise

- Talk to a physiotherapist or health practitioner about exercises to improve muscle strength and balance
- Visit www.activeandhealthy.nsw.gov.au to find classes in your local area

The CEC's Falls Prevention Program aims to reduce the incidence and severity of falls among older people and reduce the social, psychological and economic impact of falls on individuals, families and the community. For more information please visit www.cec.health.nsw.gov.au or email CEC-Falls@health.nsw.gov.au.

Falls Prevention – In hospital

**If you fall in hospital, it can lead to injury, resulting in a longer stay.
Most people fall near the bed and while getting to the toilet.**

What causes people to fall?

- Being unwell and in an unfamiliar place.
- Poor mobility and balance (unsafe when walking).
- Badly fitting footwear and clothing.
- Urgent need to go to the toilet.
- Medications that cause drowsiness/dizziness.



Photo ©Queensland Health

Top tips to prevent a fall in hospital:

- **Use your call bell.** Keep it in easy reach and ring **early** if you require assistance. Please wait for staff, especially if you have been told you require assistance.
- **Sit down to shower and use the rails** to get off the chair or the toilet. If you feel unsafe in the bathroom, remain seated, use the call bell and wait for assistance.
- **Familiarise yourself with your room and bathroom.** Be aware of any hazards (e.g. spills and clutter) and advise staff when you see them.
- **Take your time.** When getting up from sitting or lying down. Let staff know if you feel unwell or unsteady on your feet. Use stable objects for support.
- **Use your walking aid.** Always use your own walking aid and keep it within reach.
- **Wear safe footwear.** Wear supportive shoes, slippers or non-slip socks that fit you well – no scuffs or thongs. Do not walk in socks or surgical stockings without non-slip soles.
- **Wear your glasses.** Keep glasses clean and within easy reach.
- **At night.** Use the light button on the call bell to turn on the light before getting out of bed. Turn the light on in the bathroom.

If you do have a fall - do not get up on your own - wait for help.

Falls Prevention – In hospital

Things you need in hospital:

- All medications you are currently taking, including supplements.
- Nightwear that is above your ankle length.
- Well fitting shoes, slippers, or non-slip socks.
- Any equipment you normally use, such as glasses, walking aids, hearing aids and spare batteries.

Staff will:

- Screen and assess your risk of falling. Discuss with you and your family/carer, strategies to reduce risks. These will be included in your care plan.
- Liaise with others who specialise in falls prevention, such as a physiotherapist and/or occupational therapist, to assist with your care.

If you do have a fall, staff will:

- Consult you and your family/carer to identify why you fell and repeat an assessment of your risk of falling again.
- Make changes to your care to make you safer.
- Arrange review by a doctor.

Preventing falls is also important when you go home.

Before you leave hospital, you may be referred for further review or services, to make you safer at home.



Patients who are confused could fall when in hospital - information for families and carers

People with confusion (memory or thinking problems) have an increased risk of falling when in hospital due to cognitive impairment, physical illness and being in unfamiliar surroundings. A patient's cognitive impairment may be due to dementia and or delirium.

Did you know?

- People with dementia are at increased risk of a fall and developing delirium
- Delirium is common in older patients in hospital, and can lead to a fall



Photo courtesy of Alzheimer's Australia NSW

Dementia is a term for a number of conditions that affect memory, judgement, communication and the ability to carry out everyday activities. Alzheimer's disease is the most common cause of dementia.

Delirium is an acute condition and sudden. Patients may become agitated, disorientated or have changes in level of consciousness. Possible causes include: infection (including urinary tract infection), effects of medications, pain, dehydration, malnutrition, drug/alcohol withdrawal, urinary retention and constipation. Delirium can develop without dementia. Identifying delirium early, treating the cause, managing the symptoms and supportive care is very important to keep your family member safe.

Behavioural changes you may notice include:

- A change in "usual" behaviour
- Sudden onset of confusion, disorientation, forgetfulness, unable to pay attention, hyperactivity
- Short term memory loss
- Hallucinations (seeing things that are not there)
- Changes in sleep habits (awake during the night, sleepy during the day)
- Agitation, sudden changes in emotions, feeling fearful or upset
- Withdrawn, sleepy or unresponsive
- Changes to level of consciousness

How can you help?

Family members and carer may be in a better position to notice changes in behaviour and function. **It is important to notify staff if you notice any change in "usual" behaviour.**

Planning care to reduce the risk of a fall while in hospital



Strategies to consider

Staff can reduce the risk of a fall by:

- Minimising background noise and distractions as this can be unsettling
- Leaving a night light on to guide the way to the bathroom
- Encouraging night time sleep by reducing noise and minimising disturbance and reducing day time napping
- Ensuring personal care needs are met on a regular basis e.g. regular toileting and assistance with meals as required.
- Providing assistance when walking as balance and strength may to be affected
- Ensuring any walking aids, buzzer and any other items which are regularly used are in easy reach
- Talk to family and carers about the usual routine at home e.g. likes to shower after dinner and reads the paper after breakfast each morning

Families/carers can reduce the risk of a fall by:

- Talking to the doctors and nurses regarding decisions relating to care
- Placing familiar objects where they can be seen e.g. photographs
- Providing personal information about the patient e.g. what they like to be called, tips for care e.g. likes, dislikes and whether an interpreter is required
- Having family or a familiar person spend time in hospital with the patient

Staff may make referrals to:

- A Physiotherapist e.g. for mobility aids or balance and strength exercises
- An Occupational Therapist for enhancing personal care skills
- A Doctor to review the cause of confusion and review medications
- A Podiatrist for foot care, if any foot pain or problems identified

Falls Prevention[®]
is everyone's business

Acknowledgement to:

The Australian Commission on Safety and Quality in Health Care *Preventing Falls and Harm from Falls in Older People, Best Practice Guidelines for Australian Hospitals* 2009.

For further information scan this with your smart phone



Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au

© Clinical Excellence Commission 2013
Updated December 2013 SHPN (CEC) 130480



How to get up if you have a fall

Know what to do - it is important to have an emergency plan:

- Call for help - keep a list of family and friends' phone numbers near the phone, or program them into the phone for one-touch dialling
- Keep a phone within reach, in case it is hard to get up
- Consider a device that raises an alarm in case of an emergency
- Let family and friends know how to get into your house if you can't let them in

1. Roll onto your side



2. Crawl or drag yourself to a chair



3. Face the chair and get up on your knee



4. Bring one knee forward and put that foot on the floor, then use the chair to push up with your arms, until you are upright enough to pivot your bottom around to sit



5. Rest for a while before standing up



If you can't bend your knees very well, slide along on your bottom, then lift your hips onto something higher, such as stairs. Then you can pull yourself upright again.

You might like to practice these techniques, so if you ever need to get up from the floor, you will feel more confident.

You should see your doctor after a fall if:

- You are taking anticoagulant medicines
- You are worried about your balance
- You bump your head, feel drowsy or unwell
- You have a pain that concerns you.

Acknowledgement to:

Staying Active and on Your Feet booklet
2010 www.activeandhealthy.nsw.gov.au

For further information scan this with your smart phone

Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au



