

# Guidelines for the Care of Residents within a care home setting who are at risk of Long Lie



<b>TARGET AUDIENCE</b>	Staff within the care and residential home sector
<b>PATIENT GROUP</b>	Residents within care home settings

## Clinical Guidelines Summary

### What is a long lie?

A 'long lie' is when an individual lies on the floor for more than one hour following a fall. People who experience a long lie after a fall are significantly more at risk of dying than those who fall but do not experience a long lie.

### Potential impacts of a long lie on care home residents:

- Emotional distress
- Hypothermia
- Dehydration
- Carpet burns
- Pressure ulcers
- Disorientation
- Pain

### Other potential complications following a long lie include:

- Rhabdomyolysis (muscle damage affecting kidney function) – consider renal function test.
- Delirium
- Pneumonia

You will need to monitor the resident closely in the days following a long lie. Seek medical advice if concerned.

### Is it safe to move my resident?

Assess the resident by following the patient risk assessment and the care home moving and handling guidelines. Use your experience or professional judgement.

Ensure resident's wishes and consent are sought regarding all management of their fall. Refer to the resident's future care plan or ReSPECT form where available.

### Caring for a resident who is experiencing a long lie:

- Make sure a member of staff remains with the person to continue observations and assessment. Do they seem different from their usual self?
- Keep resident warm and assured.
- Inform relatives/carers and record family's wishes
- Give pain relief, such as paracetamol, as appropriate and if safe to do so. Consider the risk of aspiration/choking when someone is lying down, especially if they have an identified swallowing difficulty. Tell ambulance crew what you have given.
- Give a drink if safe to do so. Consider the risk of aspiration choking when someone is lying down, especially if they have an identified swallowing difficulty.
- Ensure resident's hygiene and toileting needs are safely met while respecting their privacy and dignity.

**If you are concerned or if your resident deteriorates further, then call 999 to give an update of your concerns.**

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## **Introduction**

The term “long lie” is used when individuals who have fallen are unable to stand up on their own, so they have to lie unintentionally for a longer period of time until they can be helped. Lies of over one hour are generally used for the definition of a “long lie.” Long-lies are more commonly seen in elderly patients living within their own homes who not have immediate access to care or support. However, due to the pressures facing our emergency services there have been incidents within NHS Lanarkshire where care home residents have experienced the effects of long lies while awaiting transfer by the Scottish Ambulance Service (SAS.) Care home residents who experience unwitnessed falls may also be at risk of the complications of long lie. In care home residents this would only be seen in cases where it was unsafe for the resident to be supported to move by care home staff.

Full falls guidance is available for care home via their own policy documents or from the linked care inspectorate good practice resource. The purpose of this guideline is as an adjunct to these already available guidelines to support care homes and their staff to support resident’s at risk of long-lie.

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## **Implications of a Long- Lie**

Long-lies can be associated with significant implications for care home residents. 55% of adults who experience a long lie sadly die within 6 months of the fall. Other complications include:

- Emotional distress
- Pressure sores
- Dehydration
- Hypothermia
- Carpet burns
- Delirium
- Pneumonia
- Rhabdomyolysis (breakdown of skeletal muscle – can lead to life threatening kidney injury)

## **The Role of the Scottish Ambulance Service**

It is not the responsibility of the ambulance service to lift uninjured people up from the floor. Ensuring the ambulance service are only contacted for appropriate patients will ensure the service is reserved for those who need paramedic care or expert transfer to hospital.

The pressure on the Scottish ambulance service is considerable and this pressure is likely to continue. This can lead to situations where residents in care and residential homes are at risk of long lie while awaiting ambulance arrival.

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## **Options for Lifting a Resident Post-Fall**

What you do at the time of a fall is really important. Safe moving and handling and prompt, appropriate care and attention can greatly improve a resident's chance of making a full recovery. The immediate care of a resident, following a fall, should include safety at the scene and addressing any injuries sustained. An inappropriate response can delay the diagnosis and treatment of serious injuries.

### **When is it safe to move?**

- Assessment of the individual should be undertaken by a trained/ qualified member of staff and following the local policy using professional judgement.
- In the event that external medical advice is sought, the guidance should be followed, ensuring that regular updates of concerns are given as appropriate.

### **Moving a normally mobile resident without injury**

If there is no evidence of serious injury you can support the resident to get up of the floor but it is important to encourage them to get up independently.

- Let them get up in their own time, without being rushed.
- Place a chair near their head and one near their feet
- Ask the person to roll onto their side
- Support the person so that they can kneel on both knees facing the chair
- Place the chair that was by their feet, behind them so it is ready to sit on
- Using the seat of the chair to support them, ask them to bring one leg forward placing their foot firmly on floor
- If they can, ask them to push up to standing position while you place the other chair behind them to sit on

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If there is no evidence of serious injury but the resident cannot get themselves up then use your knowledge of the resident and the appropriate equipment available to assist the resident (appropriate hoist or lifting equipment.) Please refer to the care home's moving and handling policy and individual risk assessment and care plans.

**What to do if a resident is experiencing a long lie while awaiting arrival of the Scottish Ambulance Service:**

1. Use the tilted 30 degree side lying position or prone position if patient can tolerate this.
2. Avoid side lying postures that increase pressure, such as the 90 degree side lying position or the semi-recumbent position.
3. Consider using blankets or pillows under the lower leg to offload pressure on heels.
4. Staff member should remain with patient and observations completed by a competent member of staff every 15 minutes.
5. Ensure your patient is warm using blankets as necessary.
6. Give pain relief, such as paracetamol, as appropriate and if safe to do so. Consider the risk of aspiration/choking when someone is lying down, especially if they have an identified swallowing difficulty. Tell ambulance crew what you have given.
7. Give a drink if safe to do so. Consider the risk of aspiration choking when someone is lying down, especially if they have an identified swallowing difficulty. However, remember dehydration during a long lie can increase risk of complications.
8. Ensure resident's hygiene and toileting needs are safely met while respecting their privacy and dignity.
9. If you are concerned or if your resident deteriorates further, then call 999 to give an update of your concerns.

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## References/Evidence

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## Appendices

### 1. Governance information for Guidance document

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#### **CHANGE RECORD**

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