**PICOT Question**

In adult inpatient units, population 65 and older, does the SPICES Assessment Tool in addition to the Morse Fall Scale decrease falls in comparison to the use of the Morse Fall Scale alone?

**Objectives**
1. Understand the components of the SPICES assessment tool.
2. Understand how SPICES may help to predict falls.
3. Discuss how to implement the SPICES assessment tool into practice along with the Morse Fall Scale.

**Introduction/Background**

- Falls in elderly patients, ages 65 and older, are of great concern to nurses. According to Stevens et al. (2014), a leading cause of death in the elderly is unintentional falls.
- The purpose of this investigation is to determine if using the SPICES assessment tool in addition to the Morse Fall Scale (MFS) will decrease the risk of falls. The unit in question is an adult inpatient medicine unit that uses the MFS to identify the likelihood of a patient fall.
- The Fulmer SPICES tool evaluates sleep, problems eating, incontinence, confusion, evidence of falls, and skin breakdown with the intention of detecting and preventing common complications (Fulmer et al., 2012).
- By implementing these assessment tools together, falls in the elderly population can be more accurately predicted.

**Methods**

Main databases were searched including CINAHL, Nursing and Allied Health Collection: Comprehensive Edition, Medline, and PubMed. Key terms included “falls”, “fall risk”, “elderly”, “inpatient”, “fall assessment”, “Morse Fall Scale”, “SPICES”. Selected articles were published between from 2001-2014.

**Results**

Only one out of six selected articles specifically pertained to SPICES and fall risk. The majority of the articles selected addressed the effectiveness of fall assessment tools, including the Morse Fall Scale. A summary of each article and its related findings is listed below in Table 1.

**Discussion**

- Fall risk tools are useful in assessing the likelihood of patient falls, but they do not take into account specific risk factors experienced by the elderly.
- By using SPICES along with the MFS, fall risk could be better determined as conditions relating to elderly patients that impact fall risk would be taken into account.
- It would be advantageous to create a scoring system related to SPICES, like the MFS, to obtain numerical measures indicating the likelihood of falls.
- Barriers to implementation are change in patient condition and individual nursing judgment when assessing fall risk.
- No studies were found that use SPICES and MFS together, therefore, further studies are necessary.

**Implementation/Next Steps**

- How nurses could implement SPICES with MFS at MGUH
  - Develop a numerical scoring system for SPICES to be completed in MedConnect.
  - Based upon the SPICES assessment score and the MFS, the RN will use clinical judgment to determine which patients ages 65 and older are at the high risk for falls.
  - Further precautions related to fall risk can be implemented.
  - Perform follow up evaluation to determine if falls have decreased within a six month period.

**References**