1. When an inpatient falls, a consequence is often:
   A. limited positive results following rehabilitation.
   B. higher Medicare reimbursement.
   C. the need to arrange resources for home care.
   D. placement in a long-term care facility.

2. After experiencing a fall, older adults may develop chronic:
   A. pain.
   B. depression.
   C. posttraumatic stress disorder.
   D. increased risk of fractures.

3. The major intrinsic factor for inpatient falls is:
   A. advanced age.
   B. gender.
   C. comorbid conditions.
   D. mobility.

4. Costa-Dias et al. (2014) found that 89% of falls occurred in adult inpatients aged:
   A. 50 to 60 years.
   B. 60 years and older.
   C. 70 to 80 years.
   D. 80 years and older.

5. A contributing factor leading to inpatient falls is:
   A. urinary tract infections.
   B. diabetes.
   C. headaches.
   D. dementia.

6. The medication likely to increase the risk of inpatient falls is:
   A. anti-inflammatory agents.
   B. antipsychotic agents.
   C. antibiotic agents.
   D. anticoagulant agents.
7. Which inpatient unit has the highest incidence of falls?
   A. Medical.
   B. Surgical.
   C. Geriatric.
   D. Neurological.

8. What percentage of inpatient falls are related to elimination?
   A. 12% to 69%.
   B. 20% to 50%.
   C. 30% to 79%.
   D. 42% to 65%.

9. The age group that is 1.5 times more likely to experience fractures from inpatient falls is:
   A. 50 to 60 years.
   B. 60 to 70 years.
   C. 70 to 80 years.
   D. Older than 80 years.

10. When determining the risk for patient falls, nursing assessment should include:
    A. intelligence.
    B. language.
    C. medications.
    D. nutritional state.

11. What risk factor that is predictive of future falls was not reported in any of the studies reviewed?
    A. Visual/hearing deficits.
    B. Degree of anxiety.
    C. Fear of falling.
    D. Bowel/bladder control.

12. An organizational strategy to consider in the development of a falls prevention program is to:
    A. survey staff for interest in evidence-based practice outcomes.
    B. assess the culture for safety, leadership, and support.
    C. develop a research study based on quality improvement data.
    D. compare fall data with patient census and staffing patterns.

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