## Falls Risk Assessment

### Identify risk factors

Tick (✓) Yes or No

(If Yes to any, patient is ‘at risk’ of a fall)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Date</th>
<th>Time</th>
<th>Initial</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient has had a fall in the last 6 months</td>
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<td>• Refer patient to physiotherapist for gait and balance assessment</td>
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<tr>
<td>The patient is observed to be unsteady</td>
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<td></td>
<td>• Conduct pre-activity screening prior to off bed transfer</td>
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<tr>
<td>The patient requires supervision or assistance with transfer</td>
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<td>• Ensure glasses / visual aid is within reach</td>
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<td>The patient is visually impaired</td>
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<td>• Consider referral (e.g. ophthalmologist, optometrist)</td>
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<tr>
<td>The patient has new onset incontinence</td>
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<td></td>
<td>• Initiate ward urinalysis</td>
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<tr>
<td>The patient has existing incontinence, frequency or requires assisted toileting</td>
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<td></td>
<td>• Initiate toileting routine</td>
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<td>The patient reports postural symptoms</td>
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<td>• Measure lying and standing BP</td>
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<tr>
<td>The patient has a recent history of syncope</td>
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<td>• Notify MO and facilitate tests as ordered (e.g. MSU)</td>
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<tr>
<td>The patient is on one of the following medications: (antihypertensive, antidepressant, sedative, antipsychotic, benzodiazepine)</td>
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<td>• Refer to MO / Pharmacist for medication review / simplification</td>
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<tr>
<td>The patient is on more than 4 medications</td>
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<td>• Facilitate tests ordered by MO (e.g. TFT, calcium, vitamin D assay, PTH, sEPP)</td>
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<tr>
<td>The patient has a minimal trauma fracture and / or history of osteoporosis</td>
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<td>• Refer to Dietitian (as appropriate)</td>
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<tr>
<td>The patient has new onset or increased confusion / delirium</td>
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<td>• Notify MO and facilitate tests as ordered (e.g. MSU, folate, CT, E/LFT, FBE, TFT)</td>
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<tr>
<td>The patient is usually confused</td>
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<td>• Conduct or refer for cognitive assessment (if appropriate)</td>
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</tbody>
</table>

Following assessment, proceed to management plan (page 2)
In-patient Falls Assessment and Management Plan

• Complete within eight (8) hours of admission
• Review management plan at a minimum daily and document as per local policy
• Initial when strategies are implemented
• V indicates a variance from clinical care and must be documented in the clinical notes

Falls Prevention Management Plan

All care givers who initial are to sign signature log

<table>
<thead>
<tr>
<th>Category</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
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<tr>
<td>Environment / Equipment</td>
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<tr>
<td>Observations</td>
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<tr>
<td>Other Care (specify)</td>
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<tr>
<td>Discharge Planning / Education</td>
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</tbody>
</table>

Signature Log

<table>
<thead>
<tr>
<th>Initial</th>
<th>Print name</th>
<th>Designation</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mi</td>
<td>Monica Linman</td>
<td>MO</td>
<td>Mlle</td>
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