Falls Prevention Screen
(Acute Hospital)

Date: ____________ Time: ________ Initials: ______

Patient Details:

If **Yes** to any of these please complete the **Multi-factorial Falls Risk Assessment** below on this patient

(Tick as applicable) ✓

Is the patient 65 years or older?	Yes ☐	No ☐
Is the patient 50 - 64 years old **AND**	Yes ☐	No ☐
Had a fall in the past year / admitted with a fall OR	Yes ☐	No ☐
• *Help / supervision needed to transfer / walk OR*	Yes ☐	No ☐
• *Has a fear of falling OR*	Yes ☐	No ☐
• *A medical condition that, in your judgement, would increase a fall risk; such as stroke, amputee, etc*	Yes ☐	No ☐
Is the patient aged under 50 years AND had a fall in the past year / admitted with a fall?	Yes ☐	No ☐

Multi-factorial Falls Risk Assessment

Interventions Required should be incorporated in the main nursing care plan

MEDICATION

Risk Factor

Identification of high risk medications for falls

Active Problem - High risk medications prescribed during in-patient stay

Benzodiazepines; hypnotics/anxiolytics	☐ No	☐ Yes
Antipsychotics	☐ No	☐ Yes
Antidepressants	☐ No	☐ Yes

If Yes , consider the following

Consider the following:

- Liaise with the prescriber regarding new high risk medications prescribed ☐
- Liaise with the pharmacist regarding high risk medications prescribed ☐
- Evidence for prescribing rationale completed: (See Psychotropic Prescribing Algorithm) ☐ No ☐ Yes

Date & Time

OH ORTHOSTATIC HYPOTENSION

Cardio-vascular

Lying and standing blood pressure reading indicates probable orthostatic hypotension	☐ No	☐ Yes
Patient reports feeling dizzy / lightheaded / fainting episodes or loss of consciousness within the last year	☐ No	☐ Yes

If Yes , consider the following

- Consult Medical Team ☐
- Review of antihypertensives and / or diuretics ☐

MOBILITY

Mobility Needs

Patient's admission to hospital is a result of a fall	☐ No	☐ Yes
Patient had a fall in last 12 months	☐ No	☐ Yes
Patient reports fear of falling	☐ No	☐ Yes
Patient reports or staff note unsteady gait - require assistance /supervision to mobilise	☐ No	☐ Yes
Does the patient require assistance to stand	☐ No	☐ Yes

If Yes , consider the following

- Refer to Physiotherapy ☐
- Ensure patient's walking aid is available and accessible ☐
- Refer to Occupational Therapy ☐
- Provide patient with Falls Prevention Leaflet ☐
- Ensure Call Bell is within easy reach and advise patient re use of same ☐

	Risk Factor	Active Problem				Consider the following:		Date & Time
SAFETY - Personal	Memory/Mood	Patient/carer report or staff note known history of Cognitive Impairment/ Dementia	☐ No	☐ Yes	If Yes, consider the following	Care plan reflects needs with supervision/assistance with ADLs	☐	
		Evidence of Delirium (e.g. 4 AT score 4 or more)	☐ No	☐ Yes		Inform Medical Team of Delirium for review	☐	
	Visual Impairment	Patient report / staff note vision impairment at admission	☐ No	☐ Yes	If Yes, consider the following	Ensure glasses or visual aids are available/reachable & clean	☐	
	Access to Toilet	Patient needs assistance mobilising to toilet	☐ No	☐ Yes	If Yes, consider the following	Consider care plan needs for assistance with toileting	☐	
						Ensure accessible Call Bell is in place	☐	
	Footwear	Inappropriate Footwear	☐ No	☐ Yes	If Yes, consider the following	Request alternative suitable footwear	☐	
						Supply alternative safe footwear if available	☐	
SAFETY - Environment	Night-time Risk	Patient gets up during the night	☐ No	☐ Yes	If Yes, consider the following	Consider night-time toileting needs	☐	
						Consider the need for observation/supervision	☐	
						Ensure accessible Call Bell is in place	☐	
	Environment Screen	Inadequate Lighting	☐ No	☐ Yes	If Yes, consider the following	Ensure adequate lighting in place	☐	
		Call Bell not in place	☐ No	☐ Yes		Ensure environment is clutter free	☐	
		Trip Hazards	☐ No	☐ Yes		Partner with Older Persons Council for Walkability Study in your area	☐	

[An alarm device does not replace regular visual checking of the patient who is at risk of falling]

Date: ______________ Time: ______________ Initials: ______________

Refer to local Falls Prevention / Management Policy