

“Fall and Fracture Risk” Assessment Nursing/ Residential Homes

Assessed by (please print):..... Date:...../...../.....

Section A			
Name Resident:		Name GP:	
Date of Birth:	Age:	Surgery:	
Gender Male <input type="checkbox"/>	Female <input type="checkbox"/>	Allergies/ sensitivities:	

PLEASE USE IN CONJUNCTION WITH RECOMMENDED INTERVENTIONS

Section B (adapted Stratify Tool to assess falls risk)			
1. Has the resident had a fall in the last 3 months ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, how many? <input type="checkbox"/>			
Were there visible injuries?.....			
2. Is the resident agitated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Is the resident visually impaired to the extent that everyday function is affected?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Is the resident in need of especially frequent toileting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Choose one of the following options which best describes the resident’s level of capability when transferring from bed to chair? Unable <input type="checkbox"/> Major help needed (one or two carers with physical aids) <input type="checkbox"/> Minor help needed (verbal or physical) <input type="checkbox"/> Independent <input type="checkbox"/>			

16 A. Does the resident appear to feel dizzy or complain of feeling dizzy when getting up from bed or chair?

Yes No

16 B. **For Nursing Home patients only to check for Postural Hypotension (PH):** Take blood pressure reading after 5 minutes lying on the bed (as flat as is comfortable). Check again one minute later while standing up. A drop of 20mmHg or more in systolic BP and/ or drop in diastolic of 10mm Hg or more suggests PH. **Or** is patient symptomatic ie giddy/ unbalanced on standing or sitting up?

BP lying down.....BP standing up.....

Postural Hypotension Yes No

Pulse...../min rhythm: regular/ irregular (please circle)

17. Alcohol Intake: resident has more than small glass of wine, small amount of sherry or gin or _ pint beer/ lager per day? Yes No

18. Does the resident have hearing difficulties? Yes No

19. Are the feet in satisfactory condition? Yes No
Does the resident have regular chiropody/ podiatry? Yes No
Is the footwear of a safe design and well-fitting? Yes No

20. Have any environmental hazards been identified (such as rugs, trailing bed spread, clutter, poor lighting, wobbly toilet frame)? Yes No

21. Is the resident fearful of falling? Yes No

22. Does the resident show signs of confusion/ being muddled? Yes No

23. Past medical history (especially falls, total hip replacements or other hip operations, fractures resulting from falls/ simple knocks/ bumps, osteoporosis, osteopenia, visible 'Dowager's hump')

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