

# **CARE HOME FALLS REGISTER**

**Definition of a fall: “An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness” ( NICE 2004)**

Month..... Year..... Name Care Home.....  
 (please start a new form each month)

Name	Date / Time	Place	Activity	Precipitating factors	Injury	Referred / Admitted	Falls Risk Assessment	Intervention	Hip Protector worn

**Please consider ‘patterns’ of residents falling regularly and intervene accordingly (i.e. is resident falling at particular times of day?)**

