

SCREENING ASSESSMENT FOR PREVENTING FALLS

(Adapted from C Cryer and S Patel 2002)

Patient's Name:.....

DOB:.....

NHS Number :

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Notes for users

- Can be used in addition to or as a more detailed alternative to the FRAT tool and Adapted Black Fracture Index
- Complete assessment tool below
- Where a positive response is indicated please see over for targeting interventions and identification of referral pathways. The more positive factors, the higher the risk of falling.
- Undertake suitable interventions and make referrals as appropriate

FALL RISK FACTORS		Yes	No
1.	History of Falling Has history of one or more falls in the past year		
2.	Number of medications Takes 4 or more medications per day		
3.	Central Nervous System Suppressants Use of 1 or more for more than two weeks		
4.	Alcohol intake >1 unit per day		
5.	Postural Hypotension Take reading after 5 mins rest in supine position, check again after 1 min while standing up. Drop in systolic B/P > 20mmg HG and /or drop in diastolic >10 mmg HG suggests PH. Or is the patient symptomatic i.e. is the person dizzy on standing/sitting up? Pulse / min Regular/ irregular		
6.	Vision Test difficulty reading newspaper/book, cannot recognise an object across the room, recently started wearing bifocals.		
7.	Hearing Has difficulty hearing conversational speech.		
8.	Walking Gait Is unsteady on feet, shuffles or takes uneven steps/is housebound		
9.	Transfers Lack of control when moving between surfaces.		
10.	Balance Needs to hold onto furniture, requires stick or walking frame		
11.	Environmental Hazards Slip/Trip Hazards, clutter, poor lighting		
12.	Confusion Does the person show signs of confusion/being muddled?		
OSTEOPOROSIS RISK FACTORS (ring appropriate risk and tick in box)			
WOMEN: early menopause or early hysterectomy < 45 years; missed periods for six months or more (excluding pregnancy)			
MEN and WOMEN: steroids for 3 months or more; previous low trauma fractures (esp. hip, wrist, spine); malabsorption; inflammatory bowel disease; gastric surgery; long-term immobility; heavy drinking; smoking; low BMI; height loss; low sex hormone levels; maternal history of hip fracture; chronic renal failure; liver disease			

Based on "Primary Care Strategy for Osteoporosis and Falls" and "Osteoporosis, causes, prevention and treatment" National Osteoporosis Society (2002) and "Falls, Fragility and Fractures" C Cryer and S Patel (2002)

Signature:

Designation:

Date:

Time:

PROBLEM	INTERVENTION	REFERRAL
History of Falling	Review incidents, listening for how to prevent future falls. Discuss fear of falling and realistic preventative measures. Does patient know how to get up after a fall? See website for advice sheet. Received information leaflet? Consider Telecare equipment.	OT/ Physiotherapist /GP/ ICT/ Falls Clinic/ Health Promotion St Mark's
Number of Medications	Ask about symptoms of dizziness. Identify type of medication being prescribed and if appropriate contact GP for review. See Medication Advisory Sheet as on falls website www.bhps.org.uk/falls	GP/ Falls Clinic
Central Nervous System Suppressants	Identify type of medication being prescribed, i.e. hypnotics, anti depressants, sleeping pills, anti psychotics. See Medication Advisory Sheet on falls website www.bhps.org.uk/falls . Discuss normal changes in sleep patterns with ageing and teach sleep promoting behaviours. Encourage discontinuing new sleep medications and refer to GP	GP/ falls Clinic
Alcohol Intake	Teach regarding immediate and long-term fall risk, dulling of neurological capacity from alcohol. Longer clearance times in old age and potential interaction with medication. More than one small glass of wine/ small sherry/ small measure spirits/ ½ pint lager or beer per day, increases falls risk. Too much alcohol is toxic to bone tissue.	GP/Practice/ District Nurse
Postural Hypotension	Teach to stabilise after changing position and before walking. Extra pillows to raise head or consider raising bed if severe. Avoid dehydration. Refer to GP for medication review if appropriate as PH can be a medication side-effect. Arrhythmias can cause falls.	District/Practice Nurse/GP/ Falls Clinic/ Syncope Clinic
Vision	Raise awareness of risks due to blurring and difficulty in judging distance. Advise disuse of bifocals/ vari-focals (research shows that they can cause falls: separate glasses for distance and reading are safer) or great care when first wearing them. Advise to concentrate on walking and be deliberate/ cautious, especially in new situations and on uneven surfaces. Advise on use of contrasting colours to show risk areas e.g. top of stairs. Vision tested and corrected in the past year? People ≥ 65 are entitled to annual free eyetest. Spectacles clean? Check Diabetes and Glaucoma are monitored regularly. Cataracts? Ensure good lighting and remove clutter.	Optician/GP (for referral to eye clinic)/ OT
Hearing	Remove wax. Hearing tested and corrected as much as possible? Lower voice and speaking in best ear to maximise hearing. Hearing aid may be of use. Is hearing aid in working order?	Audiology/ GP / District / Practice Nurse
Walking/Gait	Teach about the risk. Consider simple test such as Timed Up & Go. Physiotherapy for evaluation of range of movement and/or gait, balance and strength exercises. Footwear safe? Problems with feet? Appropriate selection and use of walking equipment.	Physiotherapist/ Occupational Therapist/ Falls Clinic/ Falls prevention exercise once assessed/ Podiatry/ Medical Loans
Transfers	Teach about risk. Refer for more detailed assessment on transfers and gait, balance and strength exercises / environmental modifications to increase safety. Moving & handling assessment.	
Balance	Teach about the risk, and how to manoeuvre safely. Consider modifications to avoid stooping/ stretching overhead. Refer for assessment for gait, balance and strength exercises and/or walking equipment. Research shows that older people with gait instability and lower limb weakness are at an increased risk of falling.	
Environmental Hazards	Teach about risks of hazards i.e. irregular floor height. Correct if possible. Remove or at least secure rugs (double sided Velcro, adhesive or non-slip mat underneath). Explain characteristics of furniture that cause risks and suggest low cost alternatives. Remove obstacles and clutter where possible, and suggest pendant alarm. Pull cords within reach from floor. Ensure good lighting. Consider Telecare equipment.	OT/ Family/ Home Repair Service (ie Age Concern). See falls website for details
Confusion	If chronic consider memory aids, orientation aids. Do MMSE. If acute, is there underlying medical reason such as e.g. UTI or chest infection?	GP/ CPN
Osteoporosis Risk	If established osteoporosis or high risk factors present, are they having bone strengthening medication to treat/ prevent osteoporosis (eg Bisphosphonates, Calcium and Vitamin D)? Did patient receive information ie leaflet on 'Healthy Bones'?	GP/ Falls Clinic/ Health Promotion St Mark's.

- **PLEASE NOTE: If a patient has multiple risk factors which may benefit from a multi-factorial assessment and treatment programme referral should be made to the Falls Clinic, not to separate agencies. For advice or if in doubt please see falls clinic referral forms or contact Falls Specialist Nurse on 01753-638530**