

Personal (4 of 4 sections)

Falls risk factors	√	Suggested action	Action taken	Date action taken & by whom
Nutrition <ul style="list-style-type: none"> Needs encouragement to eat Poor appetite, recent weight loss 		Encourage to eat small amounts regularly, ensure teeth well fitted, review reasons for poor appetite and weight loss - refer to GP, dietician		
Fluid intake <ul style="list-style-type: none"> Drinks less than 5 cups of fluid a day, needs encouragement to drink Often leaves drinks unfinished 		Encourage to drink 6-8 cups of fluid a day, stay with person whilst having a drink, document poor fluid intake if does not finish drinks, review reasons for poor fluid intake e.g. worried about getting to toilet		
Continence <ul style="list-style-type: none"> Incontinent of urine/faeces Catheter Difficulty accessing toilet, frequency, urgency, needs to get up to toilet at night Concerned re continence Difficulty managing clothes Constipation 		Ensure continence assessment completed, refer to community nurse/continence service, consider sending urine for testing, assess for constipation, consider signage to toilet, refer to OT if required, consider commode for night use, check regularly if requires toilet		
Sleep <ul style="list-style-type: none"> Unsettled at night Sleeps a lot during day Complains of feeling tired 		Encourage activity during the day, consider time goes to bed, be aware of risk of medication to aid sleep increasing risk of falls, increase night supervision, consider use of sensor equipment		
Vision <ul style="list-style-type: none"> Has diagnosed sight loss Wears varifocal or bifocal glasses Refuses to wear glasses 		Ensure access to regular sight checks (every 1-2 years), ensure adequate lighting day and night, advise against varifocal/bifocal glasses		
Footwear <ul style="list-style-type: none"> Unsupportive footwear Footwear too loose/tight Painful feet 		Advise on suitable footwear, check footcare - nails, corns, callouses, refer to podiatry		
Pain <ul style="list-style-type: none"> Has specific pain/general pain Pain not helped by painkillers On medication for pain that causes side effects eg constipation, dizziness Unable to communicate is in pain 		Refer to GP if pain poorly controlled, review medication if side effects to prescribed tablets, observe behaviour and facial expression for signs of pain if unable to communicate		

Completed by

Date

Resident's Name

D.O.B.

- Underline statements relevant to the person you are completing the tool with
- If section is not relevant, write this in action box
- Date and sign when actions taken

Falls History (1 of 4 sections)

Falls risk factors	√	Suggested action	Action taken	Date action taken & by whom
History of falls <ul style="list-style-type: none"> History of falls prior to admission to care home Falls reason for admission to care home 		Review all incidents using Incident Analysis form, look for any patterns to falls e.g. time of day, activity at time of fall – fill in 'Fall Incident Analysis'		
History of falls <ul style="list-style-type: none"> History of falls since admission 		Inform GP of falls history and any recent falls		
Recent falls <ul style="list-style-type: none"> 2 or more falls in past 6 months (A fall is defined as an unexpected event in which residents come to rest on the ground or floor) 		Postural blood pressure to be checked i.e. in lying, sitting and standing - alert GP if drop is greater than 20mmHg Request medical review to identify any medical causes of falls e.g. infection, stroke, low blood pressure, heart problems Identify any possible causes of falls and take steps to reduce those risks		
Fractures <ul style="list-style-type: none"> Has broken bones as result of fall: Wrist, hip, arm, pelvis, spine, ribs, collar bone, shoulder, ankle Is at risk of fracture because takes steroids, has rheumatoid arthritis or drinks 3 or more units of alcohol a day 		At risk of Osteoporosis Ask GP to review if person is falling and has previous fracture(s)		
Hospital admission <ul style="list-style-type: none"> Attended A&E due to fall Ambulance called - not taken to hospital, Admitted to hospital due to fall 		Review causes of fall Initiate any treatment recommended		
Other injury due to fall <ul style="list-style-type: none"> Head injury, cuts, bruises, grazes, skin tear 		Inform GP		
Coping strategies <ul style="list-style-type: none"> Unable to get up from floor without help Unable to summon help 		Ensure call buzzer easily accessible and working, Consider use of sensor equipment Increase level of supervision and document		
Fear of falling <ul style="list-style-type: none"> Is anxious/worried about falling, lacks confidence Remains seated for much of the day due to fear of falling 		Consider reasons for fear of falling Increase supervision Ensure mobility maintained Encourage and reassure		

Medical History (2 of 4 sections)

Falls risk factors	√	Suggested action	Action taken	Date action taken & by whom
Medical History <ul style="list-style-type: none"> Stroke, Parkinson's Disease, dementia, epilepsy, diabetes, heart disease, blackouts, arthritis, high/low blood pressure 		Check for signs of acute illness/ infection, consider medical review from GP if condition not been reviewed in last 6 months, if low blood pressure prompt to stand still on 1st standing up		
Medication <ul style="list-style-type: none"> On 4 or more prescribed medications, on sedatives, on antidepressants, On blood pressure medication 		Check medications against the medication and falls chart in the Action Falls Manual. Medication should be reviewed by GP every 6 months, consider side effects of medication i.e. dizziness, sedation, confusion and refer to GP if concerned		
Dizziness <ul style="list-style-type: none"> Complains of dizziness, Dizzy on first standing 		Postural blood pressure to be checked i.e. in lying, sitting and standing - alert GP if drop is greater than 20mmHg, advise to move legs and feet before standing and to stand still and count to 10 on first standing up		
Cognition <ul style="list-style-type: none"> Does not recognise own limitations Poor understanding of space and distance Unaware of risks and hazards, Poor short term memory 		Refer to GP for review if not reviewed in last 6 months, use signage for toilet, bedroom, lounge Use physical gestures and prompts Repeat information when person unable to remember, increase supervision		
Behaviour <ul style="list-style-type: none"> Agitated, unsettled, anxious Periods of aggression, risk to others 		Refer to GP if medical review required, Mental Health services, ensure no acute illness or infection, be aware of risk of introducing/increasing psychotropic medication		
Comprehension <ul style="list-style-type: none"> Has difficulty understanding verbal instructions/questions 		Speak clearly, use simple instructions, give physical gestures as prompts Consider hearing or eye test		
Mood <ul style="list-style-type: none"> Low mood, depression, anxious, fearful 		Reassure, encourage socialisation Be aware of risk of introducing/ increasing psychotropic medication		
Communication <ul style="list-style-type: none"> Unable to express needs verbally Difficulty making self understood clearly 		Consider using pictures signs and images to support their communication Observe behaviour and routines for insight into how the person is feeling		

Movement and Environment (3 of 4 sections)

Falls risk factors	√	Suggested action	Action taken	Date action taken & by whom
Transfers <ul style="list-style-type: none"> Needs help on/off chair, bed, toilet Unsteady when transferring Tends to rush 		Consider use of alternative furniture, refer to OT if advice required, prompt to not rush		
Balance <ul style="list-style-type: none"> Holds furniture when moving, unsteady when walking Loses balance on turning Cannot walk unsupported due to unsteadiness 		Encourage to stand still on first standing, advise to keep head and feet in line when turning, increase supervision, consider referral to physiotherapist		
Stumbles and Trips <ul style="list-style-type: none"> Stumbles and trips even if no obstacle, near misses noted 		Document incidents, review incidents for time, location, activity at time. Review possible causes e.g. footwear, eyesight		
Gait <ul style="list-style-type: none"> Shuffles, leans to side, leans backwards, walks fast 		Advise to stand upright, supervise, consider referral to physiotherapist for advice		
Walking <ul style="list-style-type: none"> Needs supervision when walking Needs assistance of 1 or 2 to walk 		Consider referral to physiotherapist for advice, assist to complete any exercise programme prescribed		
Walking aids <ul style="list-style-type: none"> Uses incorrectly Refuses to use, forgets to use Poor condition 		Check correct height, check ferrules, prompt to use correctly		
Heating / body temperature <ul style="list-style-type: none"> Feels cold, sits for long periods Does not recognise when cold 		Ensure draught free environment, check not cold if sitting for long periods, mobilise regularly		
Alarm <ul style="list-style-type: none"> Can't reach call alarm Does not remember how to use Does not call for assistance 		Ensure access to alarm, consider use of sensor equipment, increase supervision		
Flooring <ul style="list-style-type: none"> Clutter, rugs and flexes Slippery floor coverings Spillages 		Ensure floors free of clutter, rugs and flexes, avoid patterned flooring, avoid raised thresholds between rooms, keep floor dry at all times		
Lighting <ul style="list-style-type: none"> Poor lighting day and/or night Location of light switches inaccessible 		Ensure good lighting with no glare night and day, consider use of light in room at night, ensure switches accessible		