

Assessment	Rationale	Action
History of falling	In half of all cases of falling, the falls are recurrent	Full assessment
Gait and balance Lower limb function	Abnormality of gait and balance is a recognised risk factor for falling	Refer to Physiotherapist(ReACH)
Medication Review (including prescribed and over the counter medicines)	Polypharmacy is a recognised risk factor for falling. Of particular importance is the use of benzodiazepines, diuretics, tranquilisers, laxatives, antidepressants and neuroleptics	Refer to GP, pharmacist for medication review. Hospital Doctor if inpatient)
Ability to perform activities of daily living	Poor functional performance is a recognised risk factor for falling	Refer to Occupational Therapist (ReACH)
Medical Problems e.g. postural hypotension, cardiovascular problems, neurological problems, dizziness, dementia	All of the aforementioned are a recognised risk factor for falling	Refer to GP/Hospital doctor (in patient)for review
Incontinence and Lower Urinary Tract Symptoms	Continenence problems especially urgency are recognised risk factors for falling	Refer to District Nurse for continence assessment (if in-patient ward nurse to undertake assessment
Osteoporosis risk, includes 75+, previous fracture, family history of fracture, early menopause, behavioural risk factors, female, underweight, Steroids use	Osteoporosis is a risk factor for falling and fracture	Refer to GP/hospital doctor for review
Use of assistive devices e.g. zimmer frames	Incorrect use of assistive devices are a risk factor for falling. People who use assistive devices are likely to have gait and balance problems	Educate the person re use of devices. Refer to appropriate professional e.g. physiotherapist, OT
Sedentary Lifestyle	Lack of exercise can reduce muscle strength and increase risk of falling	Encourage participation in physical activity

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Environmental factors e.g. poor lighting, loose carpets/rugs, lack of safety equipment, slippery floor surfaces, unsafe stairway	Environmental factors especially within the home are responsible for a high proportion of falls	Advice on home safety. Refer to Occupational Therapist for advice on modification of home environment (SW) Care & Repair of appropriate
Foot problems e.g. neuropathy, ill fitting shoes	Foot problems are a recognised risk factor for falling	Refer to podiatrist for advice
Vision e.g. acuity, long/short sightedness, tunnel vision	Visual Problems are a recognised risk factor for falling	Refer to optician or ophthalmologist
Use of alcohol	Alcohol use is associated with falling	Refer to GP, give advice on safe drinking Refer to dietitian if nutritional intake compromised by excess alcohol consumption
Nutrition	Nutritional insufficiency is a risk factor for falling and fracture	Use MUST tool and take appropriate action
Mental Health Depression Anxiety Dementia type illness	Inability to understand risk of falling is a risk factor for falling	Advice on home safety. Refer to Occupational Therapist for advice on modification of home environment Refer to memory clinic if necessary Refer to community mental health team for specialist advice Discussion with family, carers re risks Complete individual risk assessment if person needs more observation than staffing allows
Pain	People in pain may have stiff gait/mobility	Assess pain and analgesia Refer to GP if analgesia not effective
Multi-factorial issues	Gait, balance, medical, polypharmacy, education self management	Following assessment and appropriate interventions by Community teams referral to Specialist Falls clinics may be made if the patient has needs that can only be met by this service