



Multifactorial falls risk assessment and management tool

Consumer: _____ SAMS: _____

Name of assessor: _____ Date: _____

Risk factor (Check if applicable, then circle the recommended actions)	Recommended actions (Select appropriate interventions and record In progress notes)	Date and sign
<p>1. History of falling:</p> <p><input type="checkbox"/> Has the consumer had one or more falls in the past 12 months?</p>	<p>A. Obtain details about past falls, including how many, causes, activity at time of fall, injuries, symptoms such as dizziness, and previous treatment received.</p> <p>B. Determine any patterns and consider throughout assessment. Ask to about/observe for fear of falling.</p> <p>C. Document and flag in care plan if the consumer is high falls risk.</p> <p style="text-align: center;">Consider:</p> <p>D. Contacting the primary physician via telephone or send to the consumer's primary physician a letter to inform regarding the consumer's falls risks or there have been unexplained falls or several falls in a short period of time.</p> <p>E. Nurses: Assess for postural or orthostatic hypotension (a drop in BP when standing up). Record in consumers' progress notes and inform MD if hypotension is found.</p>	
<p>2. Balance and mobility:</p> <p><input type="checkbox"/> Is the consumer unsteady/unsafe walking?</p> <p><input type="checkbox"/> Does the consumer have</p>	<p>A. Assess consumer's gait and ambulation.</p> <p>B. Review bathroom's safety equipment. Are they appropriate and in good condition? Request safety equipment if necessary.</p> <p>C. Ensure correct height of toilet and bed.</p>	

<p>difficulty with transfers? (getting on and off the toilet/bed/chair)?</p>	<p>D. Ensure lifeline is within easy reach and the consumer can use it.</p> <p style="text-align: center;">Consider:</p> <p>E. Identify the need for assessment of balance, walking and transfers, mobility aid, etc. Record concerns in progress note.</p> <p>F. Request assistance devices such as cane, walker, etc. if needed.</p>	
<p>3. Medication: Is the consumer taking four (4) or more medications?</p> <p><input type="checkbox"/> Is the consumer unsteady/unsafe walking?</p> <ul style="list-style-type: none"> – Sedatives – Anti-depressants – Anti-Parkinson's – Diuretics (water Tablets) – Anti-psychotics – Anti-coagulants – Anti-hypertensives <p><input type="checkbox"/> Has there been a Recent change in medication that may affect falls risk (e.g. changes involving any of the above?)</p>	<p>A. Review medications</p> <p>B. Report side-effects/symptoms of medication to primary physician.</p> <p>C. Anticipate side-effects and take appropriate measures:</p> <ul style="list-style-type: none"> – Sedatives: toilet and prepare for bed before giving night sedation. Monitor at all times, but especially overnight and supervise in the morning. – Anti-psychotics: can cause sedation, postural hypotension and impaired balance. – Inform MD if the consumer is excessively drowsy or mobility has deteriorated. – Diuretics: anticipate immediate and subsequent toileting. Ensure easy access to toilet and assist if required. <p>D. Report changes in alertness or mobility.</p>	
<p>4.Dizziness and fainting:</p> <p><input type="checkbox"/> Does the consumer experience:</p> <p>_dizziness on standing</p>	<p>A. Nurses: Check for postural or orthostatic hypotension.</p> <p>B. If postural/orthostatic hypotension prompt consumer to move ankles up and down before rising, then rise slowly and with care from lying to sitting and sitting to standing.</p> <p>C. Refer the consumer to the primary physician for review of dizziness/fainting/blackouts/palpitations.</p>	

<p>__a sensation of the room spinning when moving their head or body</p> <p>__fainting attacks</p> <p>__palpitations?</p>		
<p>5. Cognitive impairment:</p> <p><input type="checkbox"/> Is the consumer confused, disorientated, restless or highly irritable or agitated?</p> <p><input type="checkbox"/> Does the consumer have reduced insight and/or judgement and/or are they uncooperative?</p>	<p>A. If there is a new change in cognitive status monitor for pain, signs of infection or constipation.</p> <p>B. Monitor and document behavioral issues.</p> <p>C. Consider the need for falls prevention equipment and in discussion and agreement with family and principal caregiver</p>	
<p>6. Continence:</p> <p><input type="checkbox"/> Do continence issues contribute to the consumer's falls risk?</p>	<p>A. Optimize environment safety - remove clutter and hazards, consider night lighting, monitor floors for wet areas - clean or report as soon as possible.</p> <p>B. Provide with commode chair or urinal as appropriate.</p>	
<p>7. Sensory impairment:</p> <p><input type="checkbox"/> Does the consumer have poor vision? (Remember: following a stroke someone may have restricted vision on one side, some people with dementia experience visual problems).</p> <p><input type="checkbox"/> Does the consumer have poor hearing?</p>	<p>A. Ensure room is free of clutter and obstacles.</p> <p>B. Ensure bedroom lighting is adequate, consider need for night lights.</p> <p>C. If vision has not been tested in past 12 months, encourage consumer to visit the optometrist.</p> <p>D. If hearing has not been assessed in last 12 months, encourage consumer to visit the optometrist</p> <p>F. Ensure hearing aid is worn, clean and batteries are working.</p>	

<p>8. Feet and footwear:</p> <p><input type="checkbox"/> Does the consumer Have corns, ingrown Toe nails, bunions, Fungal infections, pain or loss of the sensation in their feet?</p> <p><input type="checkbox"/> Does the consumer wear ill-fitting shoes, high heel shoes, or shoes without grip?</p>	<p>A. Refer to podiatrist (or primary physician if fungal infections are present). Start foot care regime.</p> <p>B. Liaise with family to provide shoes with thin hard sole, enclosed heel, fastening mechanism.</p> <p>C. Instruct consumer to not walk with socks or bare feet.</p> <p>D. Consider rubber tread socks if shoes are often removed.</p>	
<p>9. Other:</p> <p><input type="checkbox"/> Are there other factors that you consider relevant in considering this consumer's falls risk, eg alcohol intake, pain, depression?</p>	<p>Identify suitable action(s)</p>	