

Community Multifactorial Falls Risk Assessment Tool

Client Name: _____ **NHS number:** _____ **Date of Birth:** _____

Falls History

Recent fall: What was the activity at time? When? Where?

Injuries sustained:

Why do they think they fell?

Previous falls: How many in the last 12 months? How many of these were in the last 3 months? Is there a clear pattern?

Physical Health: Guided conversation

Any signs of infection? Y / N

Any black outs or loss of consciousness? Y / N

Is there postural hypotension causing falls? Y / N

Any dizziness? (clarify below) Y / N

Lightheaded – as if going to faint

Unsteady – as if drunk

Vertigo – sensation of motion

Other (describe)

Duration of symptoms:

seconds / minutes hours days

Triggers for symptoms:

head movements change of position

Lying down turning over in bed

Other medical factors

Take temperature:

Take blood pressure and radial pulse

Lie patient flat for 15 mins and record BP and pulse

Repeat after 1 & 3 mins standing

Pulsebeats per minute regular / irregular

Lying Down BP =

Standing BP 1 min =

3 min =

Feels light headedness on standing? Y / N

Appears unsteady? Y / N

Postural Hypotension

Drop of 20mm Hg or more in systolic reading **and/or**

Drop of 10mm Hg or more in diastolic reading Y / N

Past / Current Medical History

Any medical conditions that potentially contribute to falls risks? (List) Y / N

Action

- Discuss appropriate support available
- Consider GP or specialist service referral

Medications consider non-prescribed over counter meds recreational / herbal as well as prescribed meds

Polypharmacy - more than 4 medications Y / N

Any problems with taking medication?

Recent change or review?

Taking any hypnotics, antidepressants, sedatives, antipsychotics or hypertensives?

Self-management concerns?

If yes consider options

For taking medication, consider:

- Dosette / Blister pack – refer to Pharmacy
- Automatic pill dispenser – refer to Telecare
- Carer or other support – refer to appropriate service

Comments / Actions taken / Services already involved:

Bone Health / Osteoporosis

Known diagnosis? Y / N

If no known diagnosis, screen for risk factors below.

Is bone protection medication being taken correctly? Y / N

Are they getting exposure to sunshine or already on calcium and vitamin D supplements? Y / N

Action

If No, refer for medical review with appropriate professional

If Yes, offer information leaflet from National Osteoporosis Society, for example:

Introduction to Osteoporosis / Osteoporosis and Men / Scans and Tests for Osteoporosis / Exercise and Osteoporosis (others available)

Risk Factors:

• Low trauma fractures / previous vertebral fractures Y / N

• High dose steroids (more than 7.5mg prednisolone daily or equivalent for 3 months or more) Y / N

• High alcohol intake (4 units daily or more) Y / N

• Current or previous secondary causes of osteoporosis (eg or Malabsorption or endocrine disorders, inflammatory bowel disease, liver disease, anorexia, prolonged immobility, BMI of 21 or less) Y / N

Yes to 2 or more risk factors
Further assessment required

- Refer to GP to consider DEXA scan and /or bone protection medication (refer to NICE Guidance CG146)

Strategies following a Fall

Are they able to get up following a fall? Y / N

Do they have an alarm system that they will use?

Do they have other means of summoning help?

Are they aware of strategies to keep warm / relieve pressure whilst on the floor?

Action

If no Consider options

- Teach backward chaining method
- Provide information on lifeline systems
- Provide information on strategies following a fall/keeping warm/pressure relief

Fear of Falling:		Action	
Client fearful of falling, stopped usual activities or has poor confidence with mobility. Unable to move about & get up from floor independently? Complete assessment: Falls Efficacy Scale-International shortened version (FES-I) (Higher score = greater fear)	Y / N /28	If yes or high FES-I score	<ul style="list-style-type: none"> Consider options for rehabilitation and ways to increase confidence - Voluntary / primary / adult social care / specialist team
Cognitive Impairment / Mental Health:		Action	
Is there existing cognitive impairment or confirmed dementia diagnosis? Any difficulty with orientating themselves to negotiate their home environment safely? Is the person unable to ask for help if it is needed? Any untreated anxiety or depression? Is there any acute confusional state and/or delirium?	Y / N	If yes Consider options	<ul style="list-style-type: none"> Further cognitive or mental health assessment with appropriate clinician Set up strategies to support person at home or referral to appropriate service Alert others already involved in the person's care and agree intervention strategies.
Daily Living and Home Hazards		Action	
Is there any problem with personal care, toileting or getting meals and drinks? Is there any problem with cleaning, laundry, shopping? Are there concerns about home environment safety, eg. Stairs / lighting / smoke and CO2 alarms / heating / ventilation / clutter / loose mats.	Y / N	If yes Consider options	<ul style="list-style-type: none"> Further assessment using Assessment tool: HomeFAST to guide intervention. Referral to Occupational Therapist Referral for rehabilitation and/or urgent strategies to support person at home
Gait and Balance		Action	
Can the person get up from a chair without using arms? Can they stand and balance unsupported for 30seconds? Do they have adequate muscle strength/joint range? Is their gait normal? Is mobility aid appropriate and used safely? Is mobility aid in good condition? Is the person motivated to exercise?	Y / N	If no consider options	<ul style="list-style-type: none"> Arrange replacement walking aid Advise on home exercise programme for Strength and Balance Referral for Physiotherapy Referral for rehabilitation and/or urgent strategies to support person at home
Feet and Footwear		Action	
Difficulty maintaining foot care? Foot problem inhibiting gait/balance? Unstable, loose or poorly fitting shoes/slippers worn? Numbness or sensation changes?	Y / N	If yes consider options	<ul style="list-style-type: none"> Provide advice about suitable footwear Advise on nail cutting services If untreated problems, refer to Podiatry
Continence, Nutrition and Hydration		Action	
Has overwhelming urgency to pass urine? Gets wet before reaching the toilet? Needs to go frequently by day? Is woken up from sleep with desire to pass urine? Does this bother them? Would they like some help? Is there a history of recurrent urine infections? Constipation or other bowel problems? Any signs of dehydration or inadequate daily fluid intake? Reduced appetite / nutrition intake or difficulty eating?	Y / N	If yes consider options	<p>Recommend 6-8 glasses (250mls) of fluid per day (unless contra-indicated eg. renal failure)</p> <p>Arrange for urine tests and urinalysis</p> <p>Complete bladder diary and use to guide intervention or onward referral</p> <p>If not passing urine refer to urgent care</p> <p>If infection suspected refer to appropriate clinician</p>
Vision/Hearing:		Action	
Registered blind/partially sighted? Wears glasses? Are they varifocals or bifocals? Any recent change in vision/hearing? Wears hearing aid /s? Last hearing review? Last eye test was more than one year ago?	Y / N	If yes consider options	<p>Explain bifocal/varifocal risk of misjudging depth perception, make sure glasses are clean, and advise to book yearly eye test</p> <p>If untreated double or blurred vision refer to GP</p>
There are likely to be several contributory factors to falls risks and intervention needs may cross over different services.		You now need to complete a care plan with all the actions identified	
MFRAT AND CARE PLAN COMPLETED BY:	Name	Signature	Designation
	Date:		Contact details
A named key worker needs to co-ordinate the actions identified, and ensure that outcomes are reviewed and updated.			
KEYWORKER	Name:	Date for review	
<ul style="list-style-type: none"> Unexplained, unresolved falls or multifactorial reasons for falls – refer to Specialist Falls Service Medical investigation required or medical review – refer to GP/Falls Consultant If falls caused by blackout, collapse, loss of consciousness – refer to Eldercare Consultant or discuss with GP 			