

**Falls Risk Assessment & Management for Older People in Care Homes**

**Aide Memoire for Care Home Staff**

**Princess Royal Hospital**

**Paul Brown Day Hospital**

**Paul Brown Building**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person completing form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Read the following questions and fill in your answer in the first assessment column or next column as appropriate

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Question** | **1st assessment** | **6 month review** | **12 month review** | **Action for yes responses** | **Date action taken** |
| 1 | Has the person fallen in the last 12 months? |  |  |  | Talk to the GP or nurse about any changes in health or frequency of falls |  |
| 2 | Are they taking more than 4 medicines? This includes over the counter medications |  |  |  | Check if their medication has been reviewed by the GP or pharmacist *(falls risk is higher if medication includes sedative, anti-depressants, anti-psychotics, strong pain-killers, diuretics or blood pressure tablets)* |  |
| 3 | Is there inappropriate alcohol use? |  |  |  | Use of alcohol to help sleep or control pain may need to be dealt with |  |
| 4 | Do they have Parkinson’s disease or have had a stroke? |  |  |  | Talk to their GP about changes in their condition  Physiotherapy **in their own environment** may help with mobility issues and obtaining correct walking aids |  |
| 5 | Do they have dementia and are forgetting to use their walking aid or using it inappropriately? |  |  |  | Assessment by a Physiotherapist **in their own environment** may help reduce falls risk |  |
| 6 | Do they feel dizzy or light-headed at times, for example when they move from lying to sitting or when they stand up? |  |  |  | Perform lying & standing BP (guidance attached) (*in older people BP may be normal when sitting but may drop when standing increasing their risk of dizziness and falls)*  Consider medication review as per Question 2 |  |
| 7 | Are they unable to get up from a dining room style chair without using their arms? |  |  |  | Consider whether you can provide group strength and balance exercise in the care home for the benefit of all the residents |  |
| 8 | Has their eyesight deteriorated in the last year? |  |  |  | Regular eye tests are recommended *(multifocal glasses can contribute to difficulty walking on stairs and unfamiliar outdoor areas)* |  |
| 9 | Has their hearing deteriorated in the last year? |  |  |  | Discuss with GP as may need referral to audiology |  |
| 10 | Are they agitated or confused? |  |  |  | Discuss with GP to rule out common causes such as constipation, pain, infection, new medication |  |
| 11 | Do they have incontinence problems and are trying to get to a toilet prior to a fall? |  |  |  | Discuss with a nurse or GP for a possible solution or referral to continence service |  |
| 12 | Does the home or their room have trip hazards? |  |  |  | Review risk as per guidance for care homes |  |
| 13 | Is their footwear poor? |  |  |  | Arrange for them to wear the correct size shoes and slippers with a good fit around the heel. They may need to see a chiropodist |  |
| 14 | Is fear of falling preventing the person from doing tasks or activities? |  |  |  | Talk to their GP or nurse about management of their fear if it is compromising their function |  |

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