

STAGE 2: FALLS AND OSTEOPOROSIS RISK ASSESSMENT AND INTERVENTION TOOL

To be completed in community and primary care by an appropriately trained member of staff

Surname:	Address:	Place of Assessment:
Forename(s):	Postcode:	GP and Surgery:
Date of Birth: Age:		Home Phone Number:

Guidance for completion of tool:

1. Complete all questions and implement any interventions appropriate to the individual for each positive response.
2. Once completed, send a copy of this front sheet to the Falls Team for registration ensuring consent is signed. The Falls Team cannot register any forms which do not have consent. This form does not constitute a referral to the Falls Team.

CONSENT

I am willing to have a further falls risk assessment if necessary. This may involve a referral to another member of the health care team. The details from this assessment can be added to the Central Falls Register held by the South Tees Falls Team and within my GP Practice.

Signed:

Date:

Please ensure that consent has been explained fully to the patient/client and is signed
If the patient/client is unable to sign, a representative must sign indicating verbal consent has been obtained

Name of Assessor: _____ Date: _____ Contact Number: _____

Signature: _____ Designation: _____ Place of Work: _____

Once you have effectively minimised the individual's falls risk please send a copy of this front sheet to the Falls Team for inclusion on the Falls Register
Falls Team, Unity House, Elizabeth Terrace, North Ormesby, TS3 6EN Telephone: 01642 368030
Fax 01642 217204

It is your responsibility to fax/send according to local policy and guidance

	Personal Risk Factors	Yes/No	Interventions/referrals/signposting options	Actions/Comments
1a	History of falls in the past year? • Number of falls • Approximate date of last fall		• Provide 'Prevent Falls' booklet • Review incident(s), location, time, activity • Keep a record of falls incidents (falls diary) • Discuss fear of falling and preventative measures	
1b	Fracture after a minor bump or fall?		• See osteoporosis section	

Name:

NHS No:

D.O.B.

	Personal Risk Factors	Yes/No	Interventions/referrals/signposting options	Actions/Comments
2	Medications <ul style="list-style-type: none">• Taking 4 or more medications per day?• Taking drugs that can contribute to falls e.g. anti-depressants, sleeping tablets, tranquilisers, sedatives?• Symptoms of dizziness/drowsiness?• Individual has difficulty managing own medications?		<ul style="list-style-type: none">• Identify type(s) of medication currently prescribed (see drugs guidance)• Discuss possible effects of medications in relation to falls• Consider referral to GP, community pharmacist, community or practice nurse for medication review• Refer to section 7 of the tool (dizziness/postural hypotension)	
3	Balance, Transfers and Walking <ul style="list-style-type: none">• Has difficulty moving from bed to chair?• Uses their arms when rising from a chair?• Unsteady on their feet, shuffles, takes uneven steps or housebound?		<ul style="list-style-type: none">• Assess and advise on balance, transfers and mobility• Consider changes to home environment to maximise safety (Home Fall Prevention Checklist)• Provision of appropriate aids and equipment and check condition• Consider referral to physiotherapy, occupational therapy and/or leisure services• Home or group exercise programme to improve strength, mobility and balance	
4	Continence <ul style="list-style-type: none">• Experiences urgency, frequency, nocturia, frequent UTI's and/or incontinence?		<ul style="list-style-type: none">• Provide advice and education i.e. written and verbal• Encourage regular fluid intake• Urinalysis and temperature check to exclude infection• Follow continence pathway• Consider referral to community or practice nurse• Consider environmental safety• Discuss/provide aids as appropriate	
5	Agitation/Confusion <ul style="list-style-type: none">• Short term memory or comprehension difficulties which may affect ability to follow advice?		<ul style="list-style-type: none">• Complete Abbreviated Mental Test Score (AMTS)• Investigate cause of acute confusion (e.g. UTI, dehydration, and/or the effects of alcohol/medication use)• Consider referral to GP, community or practice nurse• Consider referral for a Social Services, occupational therapy and/or telecare assessment• Advise/discuss action plan with carer• Ensure environmental section of the tool is completed	

Print Name:

Signature:

Designation:

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	Personal Risk Factors	Yes/No	Interventions/referrals/signposting options	Actions/Comments
6	Loss of consciousness • Complains of blackouts, loss of consciousness, unexplained fall or unable to recollect mechanism of fall (not due to memory)?		<ul style="list-style-type: none"> • Check BM's where appropriate • Check baseline observations (appropriately trained staff) • Consider referral to GP 	
7	Dizziness/Postural Hypotension • Experiences dizziness on standing/sitting up? • Any other dizziness symptoms?		<ul style="list-style-type: none"> • Measure lying and standing blood pressure as per protocol (appropriately trained staff) • Complete section 2 of tool (medications) • Provide advice on coping strategies for dizziness e.g. how to stabilise self after changing position and before walking (Prevent Falls booklet) • Ensure adequate hydration • Consider referral to GP, community or practice nurse 	
8	Alcohol • More than one unit of alcohol per day?		<ul style="list-style-type: none"> • Explain reduced tolerance to alcohol with age and medications • Consider signposting to GP, practice nurse or health promotion 	
9	Nutrition and Hydration • Unintentional weight loss? • Poor food/fluid intake? • Body weight less than 9 stone (57kg) or BMI 20kg/m ² or less?		<ul style="list-style-type: none"> • Explain importance of a well balanced diet and adequate hydration for good health & well being • Explain importance of calcium & vitamin D for bone health (see osteoporosis section) • Nutritional screening e.g. MUST tool • Record dietary/fluid intake • Consider referral to dietician, practice or community nurse • Consider referral to Social Services/occupational therapy if difficulty shopping/preparing meals is highlighted • Consider meal delivery services 	
10	Vision • Unable to recognise a key/pen held a bed length away (with glasses if worn)? • Unable to see print clearly (with glasses if worn)? • Wears bifocals/varifocals?		<ul style="list-style-type: none"> • Recommend caution in new situations and on uneven surfaces • Advise caution with bi/varifocal glasses as they pose an increased risk of falls on steps and stairs • Advise annual eyesight tests (free for over 60's) • Signpost to optician • Discuss environmental hazards and possible adaptations/modifications • Consider referral to sensory loss team 	

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	Personal Risk Factors	Yes/No	Interventions/referrals/signposting options	Actions/Comments
11	Hearing • Difficulty hearing conversational speech (with hearing aid if worn)?		<ul style="list-style-type: none"> • Check if hearing has been tested and corrected as far as possible • If hearing aid is used, check it is worn correctly and working • Consider referral to GP, community or practice nurse for examination of ears or assessment of hearing • Consider referral to sensory loss team 	
12	Footwear/Foot care • Difficulty with foot care affecting mobility? • Inappropriate footwear?		<ul style="list-style-type: none"> • Advice on suitable footwear • Check foot care e.g. overgrown/thickened toenails, corns/callus • Consider referral to GP/podiatry 	
13	Reduced Confidence/Coping Strategies • Fear of further falls, have they changed their lifestyle due to falls? • Unable to get up off the floor? • Unable to summon help?		<ul style="list-style-type: none"> • Consider referral for home or group exercise programme • Discuss potential coping strategies (Prevent Falls booklet) • Provide information on or consider referral to Home Call, Carelink, Telecare or Social Services • Consider referral to occupational therapist and/or physiotherapist • Consider teaching backward chaining technique (physiotherapists only) 	
14	Osteoporosis • Fracture (broken bone) after a minor bump or fall aged 50 years and over? • Oral corticosteroids (for more than 3 months)? • Medical conditions (Rheumatoid Arthritis, Ankylosing Spondylitis, Coeliac, Crohns and prolonged immobility)? • Parental hip fracture? • Alcohol intake 4 or more units per day? • Untreated early menopause under the age of 45 years? • Low body mass index (less than 22kg/m ²)? • Current smoker? • Loss of height more than 3cm (kyphosis)?		<ul style="list-style-type: none"> • Consider referral to GP where fracture history and/or corticosteroid use identified and not previously managed • One or more risk factors may warrant further assessment and/or treatment – the more risk factors, the higher the risk of osteoporosis. Consider referral/signpost to GP • Provide osteoporosis leaflet • If patient is currently on medication for osteoporosis e.g. bisphosphonate, calcium and vitamin D, check they are taking correctly • Consider referral to GP if there are any problems with medication compliance and/or side effects • Dietary and lifestyle advice • Advice on safe alcohol limits • Advice on smoking cessation 	
15	Environment/Function • Home environment contributing to the risk of falls (i.e. tripping hazards, inadequate lighting, obstructive walkways) • Difficulty standing from low seating, accessing property and/or completing ADL's?		<ul style="list-style-type: none"> • Advice re: safety in the home – see Prevent Falls booklet • 'Home Fall Prevention Checklist' to be completed by staff, individual or carer • Consider need for further environmental/functional assessment if problems highlighted • Provision of equipment/adaptations as required • Consider referral for an occupational therapy, Social Services and/or telecare assessment • Consider signpost for fire safety check 	

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