### FALLS SCREENING AND MANAGEMENT TOOL TRIAL

**Patient Details**

- **UR Number:**
- **Surname:**
- **Name:**
- **Date of Birth:**
- **Gender:**
- **Dr.:**

**To be used in conjunction with manual handling assessment**

**Patient must be assessed on admission and re-assessed following:**
- Surgery / procedure
- Change in physical / psychological condition
- Post fall
- Room / ward transfer
- Weekly basis (Rehab)

Screening and intervention sections to be filled simultaneously.

Tick (√) each applicable screening factor and intervention.

| TICK APPLICABLE                                      | Date / Time | Date / Time | Date / Time | Date / Time | Date / Time | Date / Time |
|------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Hospitalised?                                        |             |             |             |             |             |             |
| Age 65 years or over?                                |             |             |             |             |             |             |
| Had a fall in the past 12 months?                    |             |             |             |             |             |             |
| Unsteady when walking or transferring, or uses a walking aid? |             |             |             |             |             |             |
| Sight, hearing or sensory deficits that affect everyday function? |             |             |             |             |             |             |
| Confused, cognitive impairment, delirium or dementia? |             |             |             |             |             |             |
| Dizziness, postural hypotension, hypoglycaemia, seizures or syncope? |             |             |             |             |             |             |
| Anaesthetic, epidural or nerve block in last 24 hours? |             |             |             |             |             |             |
| Urinary or faecal frequency, urgency or nocturia?     |             |             |             |             |             |             |
| Medications such as opioids, anti-hypertensives, diuretics etc.? |             |             |             |             |             |             |
| Other                                                 |             |             |             |             |             |             |

### Falls Screening

- Hourly rounding
- Call bell in reach and used effectively
- Ensure regular toileting program
- Offer toileting assistance
- Bathroom and toileting supervision at all times
- Ensure mobility aids are within easy reach
- Educate patient / carer that hospital patients have increased falls risk
- Provide falls prevention information; use site approved alert tools and documentation
- Place IV pole and other devices / attachments on exit side of bed when appropriate
- Observe for changes in mobility, balance and function
- Encourage use of glasses, hearing aids and other aids
- Keep environment clutter-free and remove obstacles
- Ensure adequate lighting
- Ensure suitable footwear worn when mobilising
- Encourage adequate fluid and nutrition intake
- Minimise prolonged bed rest
- Educate to stand up slowly; wait until dizziness resolves before mobilising
- Move patient to room with close visibility
- Adjust bed and chair to appropriate height
- Set an alarm system in place when required
- Referral to Physiotherapist for falls, mobility, balance assessment
- Referral to Occupational Therapist for functional falls assessment
- Liaise with Medical Officer if a patient falls, has postural drop or unexplained confusion
- Liaise with Pharmacist for review of medication associated with falls
- Other

### Interventions

**Signature:**

**Print Name:**

**Designation:**