**FALLS** **RISK ASSESSMENT**

Comments/ notes

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| Risk factor | Further assessment | Referral options | Interventions |
| 1. History of falling in the previous year | Reviewing incident and identifying precipitating factors | Neighbourhoods team | Discuss fear of falling and realistic preventative measures. |

Comments/ notes

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| 2. Balance and gait problems | Can they talk while walking?  Do they sway significantly on standing?  Do basic balance test such as times up and go test  Safety to undertake physical activity such as exercise classes aimed at older people and improving strength and balance | Neighbourhood teams physio, occupational therapy or intermediate care  First contact physiotherapist  Age UK / Barnsley older peoples physical activity alliance | * Teach about risk and how to manoeuvre safely and efficiently * Evaluation for range of movement, strength, balance and/or gait exercises * Transfer exercises * Assistive devices assessment * Consider environmental modifications  a. to compensate for disability and to maximise safety, b. so that daily activities do not require stooping or reaching overhead. 6 |

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| 3. Dizziness on standing  Possible  Postural hypotension | Lying / standing BP check not needed for every faller – this would be determined through initial assessment and clinical reasoning, WHO and RCP advise:  1.Supine 5 mins, take BP  2.Take BP quickly upon standing ( to capture any immediate drop)  3. Take BP after 1 min sustained standing  4. Take BP after 3 mins sustained standing (to capture any delayed drop common with some medical conditions such as diabetes and PD)  5. Take BP after every minute thereafter if continues to drop (or stop after 3 minutes if has recovered) | GP  Practice Nurse  Secondary care – older people’s medicine / geriatrics | * Consider extra pillows or raising head of bed if severe * Review medications * Teach to stabilise self after changing position and before walking * Avoid dehydration 6 |

Comments/ notes

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| 4. Four or more medications / year | Identify types of medication prescribed.  Ask about symptoms of dizziness. 6 | GP  Clinical Pharmacist  Secondary care –  Care of the elderly | * Review medications, particularly sleeping tablets (see.www.bhps.org.uk/falls) * Discuss normal changes in sleep patterns with ageing, and sleep promoting behavioural techniques.6 |

Comments/ notes

Links to useful resources which can be printed and given to patients to accompany this assessment.

[Link to the frailty resources page](https://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/frailty-resources/620863), which has Low risk of falls and High risk of falls information sheets

[Activity pyramid link](https://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/MSK%20and%20Derm/Activity%20Pyramid.pdf)  this is a useful tool to look at which services are best placed to support the persons needs

[BOPPAA link](https://best.barnsleyccg.nhs.uk/clinical-support/services/barnsley-older-peoples-physical-activity-alliance-boppaa/617645)  Barnsley Older Peoples Physical Activity Alliance aims to increase the provision of physical activity programmes that will improve the strength and balance of older people across Barnsley