

Assessment of Fall Risk (prevention of falls)

Falls history prior to admission

Is there previous history of falls	
Number of falls over the last 12 months	
Has a falls register been completed?	

Service user details	
Surname	
Forename	
DoB	
Sex	
Completed by	
Date completed	

History of previous falls including perceived cause
Seen in falls clinic? (including investigations if known)
Fractures prior to admission

Current risk factors (DAME)

Drugs/alcohol, Ageing effects, Medical conditions, Environment/equipment.

Drugs and Alcohol

Risk	Action	Control measure
Do they take four or more medications per day?		
Do they have one or more drugs that cause drowsiness?		
When was their medication last reviewed?		
Does this person take medication to reduce blood pressure? How many?		
Does this person take diuretics? If so are these taken late in the evening?		
Does this person require eye drops? E.g. Timolol		
Is this person currently prescribed osteoporosis medications such as calcium/vitamin D?		
Does this person drink alcohol? Does this have any effects on their medication?		

Ageing Effect

Risk	Action	Control Measure
Standing balance: Can this person stand up from a chair independently?		
Does this person need support to stand? (Walking aid 1person/2 persons)		
Can this person stand unsupported 1 minute without feeling unsteady?		
Can this person walk with/without walking aid?		
Can this person stand supported for 3 minutes without feeling unsteady?		
Vision: Can this person identify people/objects across the room?		
Can this person able to see print close up?		
Does this person wear bifocals?		
When was the last time this person was assessed by an optician?		
Other sensory loss: Does this person require a hearing aid?		
Does this person report a fear of falling?		
Has this person reported numbness in feet?		
Bone density: Has this person ever reported any of the following: <ul style="list-style-type: none"> • Family history of osteoporosis or hip fracture? • History of low trauma fracture? • Steroid therapy of 7.5mg >6 months? • Height loss and/or spinal deformity? • Premature menopause (<45 years)? • Intestinal disease e.g. Coeliac disease? 		

Medical Conditions

Risk	Action	Control Measure
Postural Hypotension: Is there >20mmHG drop in systolic BP between lying and standing or are symptomatic?		
Condition specific risks: Has this person ever been diagnosed with: <ul style="list-style-type: none"> • Stroke • Parkinson's Disease • Dementia • Diabetes • Heart & Blood pressure problems • Arthritic conditions 		
Are there any short term memory loss/comprehension problems?		
Does this person experience bladder incontinence?		
Does this person experience bowel incontinence?		
Is this person prone to Urinary Tract Infection (UTI)?		
Does this person have any problems with foot care? E.g. Corns, bunions, pressure sores.		

Environment/equipment

Risk	Action	Control Measure
Furniture: Is this chair this person usually sits in at the correct height?		
Is this person's Bed at the right height		
Does this person use bed rails?		
Is the light switch close to the bed?		
Is a night light present		
Aids: Does this person require a walking aid?		
Is this the most appropriate equipment for them?		
Is this in good condition? (when was this last checked)?		
Are there grab rails in this person's usual environment?		
General: Is this persons footwear suitable?		
Do they usually wear slippers?		
Is the person's room free of clutter?		

Discussed and agreed with service user *Signed:* _____

Review date: