Appendix I: FALLS RISK ASSESSMENT

RESIDENT'S NAME	DATE OF BIRTH:

	RISK FACTOR	DESCRIPTION	SCORE																						
			Date of Assessment	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	TOTAL SCORE	INITIAL
A	Number of falls in the past year.	3+ falls =3, 2 falls=2, 1 fall =1 No falls =0																						
B	In the last month, has there been more than one fall in 24 hours?	Yes =1 No =0																						
C	Has there been a fall resulting in a fracture in the past two years?	Yes =1 No =0																						
D	Unsteady on feet, shuffles , unsteady gait.	Yes =1 No =0																						
E	Ability to use Nurse Call System.	Yes =0 No =1																						
F	Underlying conditions e.g. Arthritis, C.V.A. or acute illness.	Yes =1 No =0																						
G	Fall in Blood pressure on standing, dizziness when standing.	Yes =1 No =0																						
H	Incontinence/ frequent visits to the toilet.	Yes =1 No =0																						
I	Takes more than for types of medications daily.	Yes =1 No =0																						
J	Takes antipsychotics, hypnotics, anti-depressants, sleeping tablets.	More than one =2, One of the group =1, none =0																						
K	Decreased physical strength, uses walking aids.	Yes =1 No =0																						
L	Poor balance/ uses furniture/ can't walk and talk at the same time.	Yes =1 No =0																						
M	Poor vision or poor hearing	Yes =1 No =0																						

			Falls Assessment Scales	Falls Risk
N	Wanders / Confusion / Dementia.	Severe=2 Moderate=1 No=0	**2 -3**	**Low Risk**
O	Fears of Falling / anxious	Yes =1 No =0	**4**	**Moderate Risk**
P	Nutritional Risk	Yes =1 No =0	**5 -10**	**High Risk**
Q	Alcohol intake more than 3 units per day.	Yes =1 No =0	**11-14**	**Very High Risk**
R	Suitable Footwear	Yes =0 No =1	**15+**	**Extreme Risk**
S	Environment untidy / Trips Hazards	Yes =1 No =0		

Review Falls Risk Assessment at least Monthly	**Fall Risk Score of 4 and above must have a Care Plan**

Resident environment and orientation check

This tool can be used as a prompt to consider environmental risks relating to the individual and their own room

Footwear/ clothing	Walking Aid/ wheelchair	Flooring	Lighting	Bathroom	Surrounding area	Furniture	Bed
Is footwear lightweight and nonslip? Are clothes non-slip and correct length?	Do they require a Walking aid? Is their walking aid/ wheelchair clean and in a good state of repair?	Is the flooring in good condition and non-slip? Are all thresholds flush? Is there adequate space, free from clutter?	Is the lighting Suitable for the resident's needs?	Is the bathroom Suitable for the resident/ staff needs? Can the resident find it easily?	Are the hallways well lit and well signposted for resident? Is there easy access?	Is there adequate space for walking aid/ moving and Handling equipment?	Is the bed suitable for resident's needs?
Consider? • Liaising with next of kin and discussing with resident the importance of suitable footwear and clothing. • Checking footwear monthly. • Provision of equipment eg long handled shoehorn, helping hand if required	**Consider?** •Referral to local physio department. • Checking condition of walking aid, replace ferrules if required. • Checking condition of wheelchair, arrange wheelchair repair if required. • If lap belts are being used	**Consider?** • Reporting & recording any problems. • Rearranging furniture if required. • Encouraging good housekeeping	**Consider?** • Night light. • Bedside light. • Accessibility to resident. • Additional lighting if required. • Timer lighting if required.	**Consider?** • Position of buzzer. • Position of soap/hand towels. • Using a raised toilet seat/toilet frame. • Is there space for walking aid/ moving and handling equipment? • Signage. • Grabrails. • Lightweight door. • Contrasting colours. • Position of bed.	**Consider?** • Additional lighting. • Additional signage. • Floors different colour from walls. • Adequate handrails. • Clutter free. • Reporting and recording any issues.	**Consider?** • Rearranging furniture. • Removing unnecessary furniture. • Are footstools able to be moved and stored safely? • Accessibility to: – buzzer – electrical equipment – wardrobes and drawers	**Consider?** • Height. • Mattress suitability. • Position in room. • Accessibility and ability to use buzzer. • Grab rails. • Need for bed rails.