

ASSESSMENT OF FALLS RISK IN OLDER PEOPLE

FALLS RISK ASSESSMENT TOOL

Multi-professional guidance for use by the primary health care team, care home staff and social care workers.

This guidance has been derived from longitudinal studies of factors predicting falls in older people and randomised controlled trials that have shown a reduction in the risk of falling.

Definition of Fall “An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness” (NICE 2004)

Notes for users:

- 1) Complete the assessment form below. The more positive factors, the higher the risk of falling.
- 2) If there is a positive response to 3 or more of the questions on the form then please see over for guidance on further assessment, referral options and interventions for certain risk factors.
- 3) Some users of the guidance may feel able to undertake further assessment and appropriate interventions at the time of the assessment
- 4) Consider which referral would be most appropriate given the patient’s needs and local resources.

NAME

PATIENT ID

D.O.B.

DATE OF ASSESSMENT.

	YES	NO
1. Is there a history of falls in the previous year? How assessed? Ask the person.		
2. Is the person on four or more medications per day? How assessed? Identify the number of prescribed medications		
3. Does the person have a diagnosis of stroke or Parkinson’s Disease? How assessed? Ask the person / check the notes		
4. Does the person report any problems with his/her balance? How assessed? Ask the person		
5. Is the person UNABLE to rise from a chair of knee height? How assessed? Ask the person to stand up from a chair of knee height without using their arms		

N.B. If a person scores 3 or more they are at high risk of falling. If a patient scores less than 3 but you still consider them to be at high risk of falls, please use your judgement when making a decision to refer or not

COMPLETED BY.

DATE

JOB TITLE.

SUGGESTIONS FOR FURTHER ASSESSMENT, REFERRAL OPTIONS AND INTERVENTIONS

Assessment by falls assessor or doctor

Risk Factor Present	Further assessment	Referral options	Interventions
1) History of falling in the previous year	<p>Review incident(s) Identify precipitating factors</p> <p>Consider full multi disciplinary FALLS ASSESSMENT</p>	Occupational Therapy Physiotherapy Falls clinic CFH/NMH Falls prevention programme	Discuss fear of falling and realistic preventative measures
2) Four or more medications per day	<p>Identify types of medication prescribed * Ask about symptoms of dizziness</p> <p>Consider full multi disciplinary FALLS ASSESSMENT</p>	General Practitioner Falls clinic CFH / NMH	Review medications * particularly sleeping tablets Discuss changes in sleep patterns normal with ageing
3) Balance and gait problems	<p>Can they talk while walking? (1) Do they sway significantly on standing (2) Consider full multi disciplinary FALLS ASSESSMENT</p>	Occupational Therapy Physiotherapy Falls clinic CFH/NMH Falls prevention programme	<p>Teach about risk & how to manoeuvre safely, effectively & efficiently. Physiotherapy evaluation for range of movement/strength/balance exercises and/or gait re-education.</p> <p>Transfer exercises/practice Assessment for assistive devices Consider environmental modifications a) to compensate for disability & to maximise safety b) so that daily activities do not require stooping or reaching overhead.</p>
5) Postural Hypotension (PH) Low blood pressure	Take reading after 5 mins rest in supine position. Check again after one minute of standing. If drop in systolic BP ≥ 20 mmHg and/or drop in diastolic ≥ 10 mmHg or more suggests PH	District Nurse Practice Nurse General Practitioner Falls Clinic CFH/NMH	<p>Offer extra pillows or consider raising head of bed if severe. Review medications Teach to stabilise self after changing positions & before walking Avoid dehydration</p>

* For more information on medication and falls see attached sheet.

- (1) While the person is walking, ask him/her a question but keep walking while you do so. If the person stops walking either immediately or as soon as they start to answer, they are at higher risk of falling.
- (2) The person stands between the assessor and the examination couch (or something they can safely hold on to) First assess if the person sways significantly (raises arms or compensates foot placement) while standing freely. Then ask the person to take their weight on to one leg and try to lift the other foot off the floor by about an inch (allow a few practice attempts)

This chart provides information on some medications that are associated with an increased risk of falling. The list is not exhaustive.

HIGH RISK DRUGS	Condition used for	Common drug names	Risk factor
Antidepressants	Used for depression described as low mood, unable to cope, anxiety. Sometimes used for pain relief.	Amitriptyline, Dosulepin, Lofepamine, Tazadone, Citalopram, Fluoxetine (prozac), Paroxetine (seroxat), Sertraline	Drowsiness, blurred vision, constipation, retention of urine.
Antipsychotics	Mental illness of many types including disturbed patients, schizophrenia, dementia, aggression.	Chlorpromazine (largactil), Haloperidol (Serenace), Promazine, Olanzapine, Quetiapine, Risperidone	Low blood pressure-dizziness on sitting or standing, drowsiness, hypothermia.
Anti-muscarinic	Shaking as in Parkinson's disease, side effects of other drugs, urinary frequency, incontinence.	Orphenadrine, Procyclidine, Benzhexol, Oxybutyin, Tolteradine	Dizziness, blurred vision, retention or urine, confusion, drowsiness, restlessness, hallucinations.
Benzodiazepines and Hypnotics	Anxiety, calming, to help with sleep	Diazepam (valium), Chlordiazepoxide (Librium), Lorazepam, Oxazepam, Nitrazepam (Mogadon), Loprazolam, lormetazepam, Temazepam, Zaleplon, Zolpidem, Zopiclone. Chloral Betaine (Welldorm), Chloral Hydrate.	Drowsiness, light-headedness the next day, confusion, loss of memory, nightmares, restlessness, staggering, delirium
Drugs for Parkinson's disease	Slow movement, rigidity, shaking	Co-beneldopa, co-careldopa, selegiline	Sudden daytime sleepiness, dizziness, insomnia, confusion, low blood pressure – dizziness, shaking.
MODERATE RISK DRUGS	Condition used for	Common drug names	Risk factor
ACE Inhibitors	High blood pressure, heart failure	Captopril, Enalapril, Perindopril, Ramipril, Trandolapril	Low blood pressure – dizziness
Angiotensin II antagonists	High blood pressure	Losartan, Valsartan	Dizziness, tiredness
Alpha-blockers	High blood pressure, prostate disease	Dozazosin, Prazosin, Terazosin	Low blood pressure – dizziness, tiredness, sleepiness
Anti-arrhythmics	Irregular heartbeat, usually faster	Digoxin, Amiodarone, Disopyramide, Flecainide	Dizziness, vision disturbance, tiredness, sleepiness. (Monitor for digoxin toxicity)
Anti-epileptics	Epilepsy (seizures or fits), pain, mood stabiliser	Carbamazepine, Gabapentin, lamotrigine, Phenytoin, Phenobarbitone, Epilim (sodium valporate), Clonazepam	Dizziness, drowsiness, blurred vision, tiredness, shaking
Anti-histamines	Allergies, hayfever, rashes, help with sleep	Cetirizine (Zirtek), Desloratine, Chlorpheniramine, (Piriton), Diphenhydramine, Promethazine.	Sleepiness, blurred vision, retention or urine
Beta-blockers	High blood pressure, angina (chest pain)	Propranolol, Atenolol, Bisoprolol, Sotalol	Low blood pressure, dizziness
Diuretics	Fluid retention (swollen ankles, breathing problems)	Bendroflumethazide, Indapamide, Furosemide, Bumetanide, Amiloride, Spironolactone	Low blood pressure, dizziness, confusion
LOW RISK DRUGS	Condition used for	Common drug names	Risk factor
Calcium Channel Blockers	High blood pressure, angina (chest pain)	Amlodipine, Diltiazem, Felodipine, Nifedipine, Verapamil	Dizziness, tiredness, drowsiness, vision disturbance
Nitrates	Angina (chest pain)	Glyceryl trinitrate, Isosorbide Mononitrate	Low blood pressure - dizziness
Opiate analgesics	Pain, especially terminal pain. Codeine used with paracetamol in small doses for pain relief	Morphine (MST, Oramorph, Sevredol, Zomorph) Codeine, Dihydrocodeine, Tramadol	Drowsiness, confusion, low blood pressure-dizziness
Oral anti-diabetes	Type-2 diabetes – elderly onset	Gibenclamide, Glicazide, Metformin	Dizziness if blood sugar low.
Proton pump inhibitors and H2 antagonists	Stomach ulcers, heartburn	Omeprazole, Lansoprazole, Pantoprazole, Cimetide, Famotidine, Ranitidine	Dizziness, blurred vision, confusion, tiredness, Avoid cimetidine in patient on other medicines