

NHS Number
 Hospital No.
 Forename(s)
 Surname
 Date of Birth DD / MM / YYYY
 Address
 Postcode



FALLS AND BONE HEALTH MULTIFACTORIAL ASSESSMENT

FALLS AND BONE HEALTH MULTIFACTORIAL ASSESSMENT, ACTIONS & INTERVENTIONS FOR ALL ADULT IN-PATIENTS

Complete within 6 hours of admission and on transfer to other clinical area.

- Review:
- Following a fall, following any change in patient's clinical condition; a deterioration or improvement, or every week as a minimum.
 - Involve patient and family in assessment and action planning, taking into account a patient's ability to understand/retain information
 - All 'YES' answers must be actioned, but the examples given should be considered as prompts and are not an exhaustive list
 - Multifactorial Actions and Interventions MUST be reviewed with each reassessment and signed and dated in the right-hand column

Mandatory actions for all adult patients

REVIEW 1		REVIEW 2	
Date of Review:	Time of Review:	Date of Review:	Time of Review:
		Do any of the actions in 'Review 1' need to be repeated due to a change in patient condition or circumstance?	
Please confirm that the following actions have taken place:		Yes <input type="checkbox"/> (Continue to review this section)	No <input type="checkbox"/> Initials: (Progress to next section)
• Advise on safe transfer/mobility and promote consistent messages	Initials:	Initials:	/
• Advise on safe footwear	Initials:	Initials:	
• Give the 'reducing harm from falls' information leaflet	Initials:	Initials:	
• Orientate patient to ward	Initials:	Initials:	

Patient Specific Guidance

• Is the call bell working and in reach (where applicable)	Initials: Yes	N/A <input type="checkbox"/>	Initials: Yes	N/A <input type="checkbox"/>
• Advised patient about transfer/mobilising following anaesthetic/procedure (where applicable)	Initials: Yes	N/A <input type="checkbox"/>	Initials: Yes	N/A <input type="checkbox"/>
• Advise on risks from drips/tubing/aids (where applicable)	Initials: Yes	N/A <input type="checkbox"/>	Initials: Yes	N/A <input type="checkbox"/>
• The patient is prescribed warfarin/anticoagulants and this information has been shared in safety briefing / handover	Initials: Yes	N/A <input type="checkbox"/>	Initials: Yes	N/A <input type="checkbox"/>

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Falls update		Falls History: Circle how many falls in the last 12 months (each fall increases risk) 1 2 3 4 5+			
REVIEW 1	Date:	REVIEW 2	Date:		
	Initials:		Initials:		
Has the patient had an inpatient fall since the last assessment		Has the patient had an inpatient fall since the last assessment			
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)		
Does the patient have a fear of falling		Does the patient have a fear of falling			
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)		
Medication	<ul style="list-style-type: none"> • Patients prescribed anticoagulants/ Warfarin are at increased risk of injury following a fall • Patients prescribed sedatives, hypnotics, antipsychotics or diuretics are at an increased risk of falls • Medications that lower BP or cause dizziness increase falls risks 				
REVIEW 1	Date:	REVIEW 2	Date:		
	Initials:		Initials:		
Is the Patient on Medication that could increase the risk of falls, or injury from falls?		Is the Patient on Medication that could increase the risk of falls, or injury from falls?			
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)		
What is being done to reduce the risks associated with medication? <small>Actions to consider may include: medication review, discussion with MDT colleagues</small>		What is being done to reduce the risks associated with medication? <small>Actions to consider may include: medication review, discussion with MDT colleagues</small>			

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Physiological Risks		<ul style="list-style-type: none"> • Patients who are medically unwell, for example, scoring on NEWS are at an increased risk of falls • Patients who are at risk of seizures are at an increased risk of falls • Postural drop in BP increase falls risks 	
REVIEW 1	Date:	REVIEW 2	Date:
	Initials:		Initials:
Does the patient have physiological risks that could increase the risk of falls		Does the patient have physiological risks that could increase the risk of falls	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks Actions to consider may include: medication review, discussion with MDT colleagues, lying and standing BP		What is being done to reduce the risks Actions to consider may include: medication review, discussion with MDT colleagues, lying and standing BP	
Cognitive /Mental State		<ul style="list-style-type: none"> • Being, for example, agitated, restless, impulsive, disoriented or confused increase the risk of falls • Think Delirium and its causes 	
REVIEW 1	Date:	REVIEW 2	Date:
	Initials:		Initials:
Does the patient have any issues with Cognitive/ Mental State		Does the patient have any issues with Cognitive/ Mental State	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks Actions to consider may include: Delirium screen; cognitive Screening tool, 24 hours behaviour chart; utilise life story tool e.g. Read about Me		What is being done to reduce the risks Actions to consider may include: Delirium screen; cognitive Screening tool, 24 hours behaviour chart; utilise life story tool e.g. Read about Me	

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Mobility		Patients are at an increased risk of falls if: <ul style="list-style-type: none"> • they need help to walk, transfer or walk • try to walk unaided but are unsafe • use a walking aide • have gait or balance problems • have issues with seating, e.g. slipping out of the chair 	
REVIEW 1	Date:	REVIEW 2	Date:
	Initials:		Initials:
Does the patient have risk associated with mobility that could increase the risk of falls		Does the patient have risk associated with mobility that could increase the risk of falls	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks <small>Actions to consider may include: refer to physiotherapy; record and use individual plan for safe patient handling; place aids within reach; one-way glide sheets</small>		What is being done to reduce the risks <small>Actions to consider may include: refer to physiotherapy; record and use individual plan for safe patient handling; place aids within reach; one-way glide sheets</small>	
Foot Health		<ul style="list-style-type: none"> • Wearing inappropriate footwear increases the patient's risk of falls • Foot pain or foot health issues for example, overgrown toenails, dressings, pressure damage, oedema increases the patient's risk of falls 	
REVIEW 1	Date:	REVIEW 2	Date:
	Initials:		Initials:
Does the patient have any issues with foot health, foot pain or inappropriate footwear that could increase the risk of falls?		Does the patient have any issues with foot health, foot pain or inappropriate footwear that could increase the risk of falls?	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks <small>Actions to consider may include: advise on appropriate footwear; arrange for social nail cutting; referral to podiatry; use of other assessment for example, body maps</small>		What is being done to reduce the risks <small>Actions to consider may include: Actions to consider may include: advise on appropriate footwear; arrange for social nail cutting; referral to podiatry; use of other assessment for example, body maps</small>	

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Sensory Deficits		<ul style="list-style-type: none"> Patients who have visual and/ or hearing impairment are at an increased risk of falls Patients without access to their usual glasses or hearing aid are at an increased risk of falls Numbness, weakness or spatial perception problems increase the risk of falls 	
REVIEW 1	Date:	REVIEW 2	Date:
	Initials:		Initials:
Does the patient have sensory deficits that could increase the risk of falls		Does the patient have sensory deficits that could increase the risk of falls	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks Actions to consider may include: ask relatives to bring in glasses/ hearing aid; replace hearing aid battery; appropriate referral; undertake actions for individual care needs		What is being done to reduce the risks Actions to consider may include ask relatives to bring in glasses/ hearing aid; replace hearing aid battery; appropriate referral; undertake actions for individual care needs	
General /Other		<ul style="list-style-type: none"> Factors such as dehydration, continence urgency, dementia, pain, substance misuse or sleep and rest deprivation can increase the risk of falls 	
REVIEW 1	Date:	REVIEW 2	Date:
	Initials:		Initials:
Does the patient have any general issues that can increase the risk of falls		Does the patient have any issues with Cognitive/ Mental State	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks Actions to consider may include: refer to local and national pathways and other core risk assessments; consider how the issues contribute to falls		What is being done to reduce the risks Actions to consider may include: refer to local and national pathways and other core risk assessments; consider how the issues contribute to falls	

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Patient /family views		• The patient and/or family may identify factors that can increase the risk of falls	
REVIEW 1	Date:	REVIEW 2	Date:
	Initials:		Initials:
Does the patient/ family identify any factors that could increase the risk of falls		Does the patient/ family identify any factors that could increase the risk of falls	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks: Actions to consider may include: refer to physiotherapy; record and use individual plan for safe patient handling; place aids within reach; one-way glide sheets		What is being done to reduce the risks: Actions to consider may include: refer to physiotherapy; record and use individual plan for safe patient handling; place aids within reach; one-way glide sheets	
Fractures and Osteoporosis		• History of fractures and osteoporosis increases the risk of falls	
REVIEW 1	Date/ Time	REVIEW 2	Date/ Time
	Initials:		Initials:
Does the patient have a history of fractures and osteoporosis		Does the patient have a history of fractures and osteoporosis	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks: Actions to consider may include: liaise with doctor re: anti osteoporotic medications/screening		What is being done to reduce the risks: Actions to consider may include: liaise with doctor re: anti osteoporotic medications/screening	
Targeted Interventions		• In addition to patient centred interventions, targeted interventions may reduce the risk of falls for patients	
REVIEW 1	Date/time	REVIEW 2	Date/time
	Initials:		Initials:
Based on the assessment, are there any targeted interventions required?		Based on the assessment, are there any targeted interventions required?	
Yes (Complete intervention box below)	No (Continue to next section)	Yes (Complete intervention box below)	No (Continue to next section)
What is being done to reduce the risks: Describe measures in use, for example, low bed, bed in observable position, close observations, intentional rounding, safety mat, sensors etc.		What is being done to reduce the risks: Describe measures in use, for example, low bed, bed in observable position, close observations, intentional rounding, safety mat, sensors etc.	