

Appendix 1:

Falls Assessment

All patients to be assessed within 6 hours of admission, within 24 hours of transfer to ward and repeated weekly or after a fall

Criteria	High Risk	✓	Extreme Risk	✓
Falls history	More than 2 falls a year		Admitted following a fall or has fallen since admission plus history of falling	
Judgement	Lacks insight into own safety and/or confused		Walking with intent, agitated and/or mini mental state examination (MMSE) less than 20	
Stability	Hesitant and/or fear of falling		Variable mobility, unsteady and/or forgets mobility aid	
Sensory	Poor sight and/or hearing			
Medication	Taking over 5 medications		Newly introduced sedatives	
Past medical history	Parkinson's, stroke, arthritis or depression			

Actions:

<input type="checkbox"/> LOW: no risks (or one isolated risk) identified above	<input type="checkbox"/> HIGH: 2 or more "high risks" identified above	<input type="checkbox"/> EXTREME: high risk with additional one or more extreme risk
<input type="checkbox"/> Ensure call bell and items within easy reach <input type="checkbox"/> Ensure bed height is kept at lowest height <input type="checkbox"/> Ensure footwear is appropriate & well-fitting <input type="checkbox"/> Orientate patient to ward & environment <input type="checkbox"/> Keep ward and bed areas clutter free <input type="checkbox"/> Ensure adequate lighting, day and night <input type="checkbox"/> Undertake bedrails assessment	In addition to low risk <input type="checkbox"/> Add to safety briefing <input type="checkbox"/> Medical team to review medication <input type="checkbox"/> Physiotherapy assessment <input type="checkbox"/> Lying and standing BP <input type="checkbox"/> Involve/inform patient and family <input type="checkbox"/> Give out patient information leaflet <input type="checkbox"/> Where the patient lacks insight into own safety and/or is confused, consider intentional rounding	In addition to low and high risk, consider <input type="checkbox"/> Ultralow bed <input type="checkbox"/> Intentional rounding <input type="checkbox"/> Observable location If not appropriate please state why:

Signature.....	Date	Time
Supervisor	Date	Time

