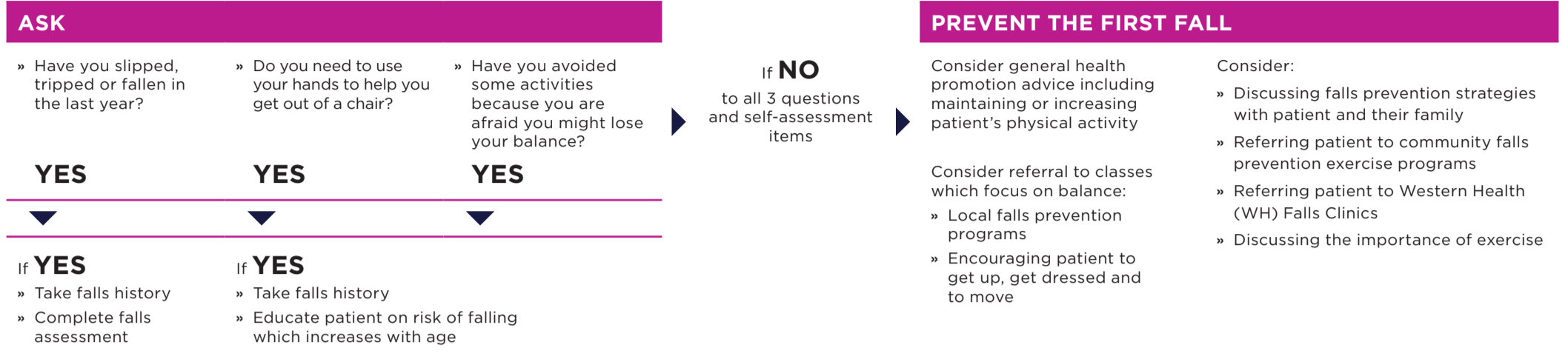


Falls Algorithm

SCREEN ALL PATIENTS



TARGETED TO THOSE AT RISK: MULTI-FACTORIAL ASSESSMENT AND INTERVENTIONS

	ASSESS	ACT	ACTIONS	REFERRALS
PHYSICAL ACTIVITY	Balance, strength and gait	Identify opportunities to enhance movement	» Assess patient's mobility » Encourage patient to get up, get dressed and get moving with support if appropriate	Refer patient at risk of falling to Physiotherapist for: » Assessment of gait and balance » One-on-one progressive gait and balance restraining » Strengthening exercises » Education for correct use of assistive devices
	Mobility	Improve or assist mobility	» Document falls assessment in EMR » Report high falls risk patients to multidisciplinary team » Encourage patient to call for assistance when mobilising » Consider a low-low bed for high falls risk patients	
	Muscle strength and tone (especially lower limb)	Refer to medical team for Vit D assessment	Neuromuscular assessment: » Assess muscle tone » Medical team to consider Vitamin D supplementation, as it improves neuromuscular and psychomotor performance and is therefore thought to reduce falls	» Refer to a community falls prevention programme » For patient aged over 80 years; consider referral to a home-based programme » Refer to WH falls clinics
	Feet and/or shoes	Address foot problems and ensure safe footwear	» Examine feet for abnormalities, deficits in sensation and ask if patient experiences foot pain » Evaluate footwear » Encourage relatives / carer to bring appropriate no-slip, well-fitting appropriate footwear	Refer to a Podiatrist for: » Assessment and treatment of identified foot problems » Prescription of corrective footwear or orthotics
UNDERLYING CONDITIONS	Medicines (especially anti-psychotic)	Review and optimise medicine use	» Medical team to review medications and consider reducing anti-psychotropic medicines if no clear indication or evidence of benefit	» Consult with Pharmacist » Educate patient and family on medication changes and adverse side effects
	Dizziness or postural hypotension	Manage and monitor hypotension	» Check lying and standing blood pressures TDS » Ask patient if they have felt dizzy at times » Report postural hypotension to medical team » Cardiovascular examination, rate and rhythm of pulse » Discuss with patient and give information on postural hypotension » Recommend medication changes to reduce hypotension	» Discuss strategies of sitting on the edge of the bed before standing » Inform treating medical team and Pharmacist » Inform GP in discharge summary
	Cognition	Address any cognition problems	» Assess for cognitive impairment using 4AT tool » Report positive 4AT to medical team	Refer to CNC Delirium, SNAP, Neurology, Psychiatry or Geriatrician
	Vision	Optimise vision	» Establish if patient wears glasses » Establish how old their glasses are » Discuss increased falls risk associated with bifocal and multifocal lenses	Refer to Optometrist: » If new glasses are required
	Continance problems	Manage continance problems	» Consider urgency caused by diuretics or laxatives » Establish toileting regime » Have commode/bottle next to patient's bed overnight	Refer to Continance Clinic
	Any other health problems that may increase the risk of falling	Address other health problems	» Discuss with patient and family increased falls risk from certain conditions, stroke, parkinsonism, motor neurone disease	Refer for specialist input if appropriate
	Home safety	Optimise home safety	» Educate patient about reducing fall hazards in home environment	Refer patient at higher risk of falling to an Occupational Therapist for home safety assessment and modification: » Assess safety and the patient's ability to function in the home » Arrange for installation of rails and if other aids are required » Notify GP in discharge notes about patient's falls risk

This resource was developed by Western Health, based on the BPACNZ tool for the Health Quality & Safety Commission and the STEADI falls campaign by the US Centres for Diseases and Prevention (CDC).