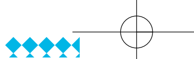

When to use the *Falls and Fall Injury Risk Factor Assessment* form (MR58)

- Within 8 hours of admission for all people aged >65 years; and >50 years for Aboriginal or Torres Strait Islander people; and younger people admitted as the result of a fall, or who are unsteady, or have a recent history of falls (1 or more falls in the previous 6 months), or have a condition or disability that is associated with increased risk of, or injury from falls.
- Re-assess following a fall; a change in health status; a significant change in medication or environment; and prior to discharge.
- Use of this form is not required if EPAS or equivalent is available.
- Use this form to assess others who fall or become unsteady during an admission.

How to use the *Falls and Fall-Injury Risk Assessment Factor* form (MR58)

1. In Section A indicate presence or absence of risk factor by circling 'Yes / No' in the column. Sign and date top of column.
2. Use 'Recommended Actions' Table 1 (overleaf) to plan action to manage and modify the risk factor(s) identified.
3. Record action/s taken in the 'Action' column in Section A.
4. Begin 'Fall and Fall-Injury Risk Review' (MR58a) if a risk factor marked with ▲ is present, and review each shift/or weekly for subacute.
5. Ensure 'Safe ward' and 'Safe bedside' environment is established for all patients – refer to Table 2 below.
6. Use Section B to record actions taken in preparation for discharge, for people at risk of fall or injury.

TABLE 2 – GUIDE FOR ENVIRONMENTAL SAFETY for ALL PATIENTS

Review the patient's set up at every contact. Routinely check for hazards and remove or modify.

Safe ward environment	Safe bedside environment
• Provide aids to promote safe mobility / function. • Modify or remove tripping or slipping hazards. • Arrange wards / rooms to allow space for mobilising. • Use visible systems to notify all staff of falls risk. • Report equipment faults / breakdown. • Use brakes on mobile equipment, including beds and bed side lockers. • Have clear easily understood signs for patients. • Have way-finding night lighting or night sensor lights. • Mark changes in floor level or doorways with contrast strips.	• Orient patient to the environment. • Have call bell, glasses, walking aid, drink, food, tissues in reach. • Leave bed / chair at correct height (usually hips a little higher than knees with feet flat on floor). • Use bed rails only after assessment of harm vs need (refer to Bedrail decision–making tool). • Ensure clothing and bedding not dragging on floor. • Use lighting, including night lights where appropriate. • Eliminate glare with blinds / curtains.

SECTION B – DISCHARGE ACTIONS COMPLETED

GP notified	Yes ☐	No ☐	N/A ☐
Equipment arranged for home use Specify	Yes ☐	No ☐	N/A ☐
Referral made to community falls prevention service or other Specify	Yes ☐	No ☐	N/A ☐
Patient given written information about falls prevention services	Yes ☐	No ☐	N/A ☐
Discussed falls risk and plans with patient / carer Other actions recommended to patient Specify.. (e.g. eye test)	Yes ☐	No ☐	N/A ☐
Handover to residential aged care facility	Yes ☐	No ☐	N/A ☐
Full name (please print)	Designation (please print)		
Signature	Date ..../............/20.....	Time am ....pm	

FALLS AND FALL-INJURY RISK ASSESSMENT MR 58

TABLE 1 RECOMMENDED ACTIONS FOR CONSIDERATION

If you identified any risk factors (i.e. circled 'Yes' to any of the questions in Section A), refer to the corresponding number in the table below for recommended actions to manage and modify the risk of a fall or fall related injury. These are based on national best practice guidelines.

1	**History of falling – this indicates future risk of falling.**
1a	Medical assessment for loss of consciousness, syncope, blackout, seizure. Physiotherapist assessment of mobility / gait.
1b	Report incident to Safety Learning System and ensure post fall management procedures and team review are completed.
2	**Increased risk of injury or harm, should a fall occur.**
2a	Protective garments such as hip protectors (see below), helmets, limb protectors, stump protectors. Shock absorbing mats at bedside – (caution – tripping hazard). Bone health – DEXA scan and / or vitamin D testing. Review osteoporosis medications, vitamin D supplements, particularly if resident of aged care facility. Adequate dietary intake of calcium.
2b	Assess skin integrity and provide protection e.g. limb protectors, stump protectors.
2c	Hip protectors if osteoporotic, low BMI, mobile but unsteady and agreeable. Screen for malnutrition (MUST). Investigate unintentional weight loss. Check ability to chew and swallow; oral hygiene and ability to feed self. Assessment by nurse (oral health), dietitian (diet), dentist (oral health, teeth), speech pathologist (swallowing, mouth movement), and occupational therapist (eating and food preparation).
2d	In the event of a fall, use SA Health Post Fall Protocol, and monitor for prolonged bleeding.
3	**Behaviour, mental state, risk-taking, lack of judgement, communication**
3a, 3b, 3c, 3d, 3f	Observe regularly and frequently. High observation bays / rooms. Electronic alarm systems / alert devices. Monitor consciousness and cognitive status. Medical assessment for reversible causes. Implement delirium prevention and management strategies. Use aids for vision and hearing. Occupational therapy assessment. Establish safe environment, matching patient needs. Repeat orientation; use signs, pictures; personal objects; encourage family / carer to stay. Repeat instructions on correct use of mobility aid / devices, and safe method of transfers. Avoid restraint, including bedrails and chemical restraint. Leave bed in low position if risk of rolling out of bed. Consider floor level bed.
3e	Assist, reassure, psychologist assessment.
3g	Speech pathologist assessment of communication; hearing test by audiologist. Use hearing aids.
4	**Medications**
4a, 4b 4c, 4d	Medication review by medical and / or pharmacy staff. Non-drug alternative strategies to aid sleep. Advise patient how to get up from bed / chair slowly; or wait for assistance to mobilise.
5	**Condition(s) or disability that affects ability to transfer and / or mobilise steadily and safely**
5a, 5b, 5c, 5d	Ensure appropriate aid is available for patient mobility and transfers and / or assistance provided. Physiotherapy assessment for safe transfer techniques; exercise program; review of aid(s). Review pain relief for mobility. Refer amputees to prosthetist. Leave bed and chair at correct height for transfers if mobile. Safe bed mobility and safe footwear when mobilising (well-fitting shoes / slippers / treaded socks / prosthesis / splint). Minimise bed rest and encourage physical activity and independence as able.
5e	Measure lying and standing blood pressure. Advise patient how to get up from bed / chair slowly. Assessment by medical staff. Promote hydration. Pharmacist assessment.
5f	Assessment of functional vision. Ensure spectacles are within reach and distance spectacles are worn when transferring or mobilising. Ensure good day and night lighting. Eliminate glare with blinds and curtains.
5g, 5h	Ensure the patient wears well fitting, non-slip footwear & appropriate prosthesis to mobilise. Podiatrist assessment of foot care and foot wear. Test sensation. Manage swelling. Physiotherapist assessment.
5i	Physiotherapist and occupational therapist assessment of mobility and function.
5j	Urinalysis. Toileting routine, provide commode, locate bed near toilet. Continence nurse assessment.
6	**Engaging the patient / family / carer**
6a, 6b	Inform about risks and discuss care plan. Use SA Health consumer leaflets, specific to needs. Inform family / carer in the event of a fall, using open disclosure principles. Discuss plans for discharge.
7	**Discharge planning – risk of falls or injury after discharge**
7a, 7b, 7c	Involve physiotherapist and occupational therapist. Consider convalescence or rehabilitation program. Include patient education and referral to appropriate services for ongoing risk reduction. Plan how to get help in an emergency.
8	**IS A ▲ RISK FACTOR PRESENT? If yes, commence MR58a form.**

SAMPLE ONLY

MR58 Falls & Falls-Injury :MR89.8/A15.0 Pat History IMP 6/12/13 9:17 AM Page 2

FALLS AND FALL-INJURY RISK ASSESSMENT

(MR58)

Hospital: ______________________

Affix patient identification label in this box

UR No: ______________________

Surname: ______________________

Given Name: ______________________

Second Given Name: ______________________

D.O.B: ______________ Sex: ______________

** **NOTE:** Patients of advanced (>85 years) age are at a high risk of falls **

			Initial Assessment and plan		2nd Assessment and plan		3rd Assessment and plan		4th Assessment and plan	
			Date: Time:		Date:	Time:	Date:	Time:	Date:	Time:
SECTION A		**Circle Yes or No**	Full name (print):		Name (print):		Name (print):		Name (print):	
#	**▲**	**Risk Factor for falls or harm from falls**	Signature: Designation:		Signature:		Signature:		Signature:	
1		**FALLS HISTORY: Does the patient have a history of falling?**	**Action Taken**		Designation:		Designation:		Designation:	
1a		Admitted as a result of a fall or >1 fall in previous 6 months	Yes / No			**Action Taken**		**Action Taken**		**Action Taken**
1b	▲	Had a fall or near miss during current admission	Yes / No		Yes / No		Yes / No		Yes / No	
2		**INJURY / HARM: Is the patient at increased risk of injury or harm, should a fall occur?**								
2a		Osteoporosis, diminished bone strength	Yes / No		Yes / No		Yes / No		Yes / No	
2b		Frail skin, amputation stump	Yes / No		Yes / No		Yes / No		Yes / No	
2c		Low BMI	Yes / No		Yes / No		Yes / No		Yes / No	
2d		Anticoagulant therapy or bleeding disorder	Yes / No		Yes / No		Yes / No		Yes / No	
3		**BEHAVIOUR / COGNITION: Does the patient have a condition(s) affecting his / her behaviour, mental state, risk-taking, judgement or insight into own physical ability?**								
3a		Dementia, cognitive impairment, marked depression	Yes / No		Yes / No		Yes / No		Yes / No	
3b	▲	Delirium, anxiety, agitation, dehydration	Yes / No		Yes / No		Yes / No		Yes / No	
3c		Neurological condition(s) affecting behaviour	Yes / No		Yes / No		Yes / No		Yes / No	
3d	▲	Impaired consciousness, or intoxication (alcohol or drugs)	Yes / No		Yes / No		Yes / No		Yes / No	
3e		Severe fear of falling, lack of confidence	Yes / No		Yes / No		Yes / No		Yes / No	
3f		Intellectual disability affecting judgement of physical ability	Yes / No		Yes / No		Yes / No		Yes / No	
3g		Severe difficulty hearing, speaking or following instructions	Yes / No		Yes / No		Yes / No		Yes / No	
4		**MEDICATION: Is the patient taking medication(s) that affect reaction time, motor function, cause dizziness, postural drops in BP or drowsiness?**								
4a	▲	Psychoactive medications – antidepressants or benzodiazepines	Yes / No		Yes / No		Yes / No		Yes / No	
4b		Polypharmacy – more than 5 prescribed medications	Yes / No		Yes / No		Yes / No		Yes / No	
4c	▲	Sedation, opioids or general anaesthetic within 24/24 of assessment	Yes / No		Yes / No		Yes / No		Yes / No	
4d	▲	Substantial change to medication regime	Yes / No		Yes / No		Yes / No		Yes / No	
5		**MOBILITY / TRANSFERS: Does the patient have a condition(s), impairment or disability that affects his / her ability to transfer and / or mobilise steadily and safely?**								
5a	▲	Does the patient have a walking aid or require aids or assistance?	Yes / No		Yes / No		Yes / No		Yes / No	
5b	▲	Non or partial weight-bearing; significant pain when mobilising	Yes / No		Yes / No		Yes / No		Yes / No	
5c	▲	Poor balance, unsteady; amputee (above or below knee)	Yes / No		Yes / No		Yes / No		Yes / No	
5d		Weakness – generalised muscular weakness	Yes / No		Yes / No		Yes / No		Yes / No	
5e	▲	Dizziness, light-headedness, faintness, dehydration	Yes / No		Yes / No		Yes / No		Yes / No	
5f		Impaired vision, such that it affects mobility	Yes / No		Yes / No		Yes / No		Yes / No	
5g		Impaired lower limb peripheral sensation	Yes / No		Yes / No		Yes / No		Yes / No	
5h		Severe lower limb deformity; marked swelling	Yes / No		Yes / No		Yes / No		Yes / No	
5i		Neurological condition(s) such as stroke or Parkinson's or spinal injury	Yes / No		Yes / No		Yes / No		Yes / No	
5j		Incontinence	Yes / No		Yes / No		Yes / No		Yes / No	
6		**ENGAGING THE PATIENT / FAMILY / CARER**	Yes / No		Yes / No		Yes / No		Yes / No	
7		**DISCHARGE PLANNING: Will the patient still be at risk of falls or injury after discharge?**								
7a		Significant physical or cognitive decline / change during admission	Yes / No		Yes / No		Yes / No		Yes / No	
7b		Concerns regarding past and / or future safety at home	Yes / No		Yes / No		Yes / No		Yes / No	
7c		Unresolved risk factors e.g. ongoing dizziness, foot problems	Yes / No		Yes / No		Yes / No		Yes / No	
8		**IS A ▲ RISK FACTOR PRESENT?**		**Any ▲? Commence MR58a form**		**Any ▲? Commence MR58a form**		**Any ▲? Commence MR58a form**		**Any ▲? Commence MR58a form**

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