

Falls Risk Assessment

Falls assessment record for an older person in a care home or at home: falls history, the risk factors NICE lists, the environment, and actions with referrals. No score.

1. The person

Who is being assessed, where and why.

Project

Filled in from the project in SiteSurvey.

Home or service *

Name or reference of the person *

Room or address

Date of assessment *

Assessed by, and role

Where do they live? * (choose one)

☐ A care home ☐ Their own home or the community ☐ Hospital

Why now? (choose one)

☐ On moving in or admission

☐ After a fall

☐ Planned review

☐ Change in health or medicines

This form does not give a score. NICE guideline NG249 (recommendation 1.1.1) says: do not use falls risk prediction tools to predict a person's risk of falling. NICE recommends a comprehensive falls assessment that identifies the person's individual risk factors, each of which is then addressed. This form records those factors and the actions agreed.

If applicable: NICE recommends offering a comprehensive falls assessment and comprehensive falls management to people in hospital inpatient settings and residential care settings (recommendation 1.1.7).

Several of the checks on page 3 are clinical examinations. Record who carried each one out, and refer to the GP or falls service for any you are not trained to do.

2. Falls history

Ask the person, and check the records.

Falls in the last year

Date of the most recent fall

What happened? Where, when, doing what, and any injury (if applicable)

Were they injured in a fall and needed medical treatment? (if applicable)

☐ Yes ☐ No

Did they lose consciousness? (if applicable)

☐ Yes ☐ No

Were they unable to get up on their own? (if applicable)

☐ Yes ☐ No

Are they living with frailty?

☐ Yes ☐ No

If applicable: For people in community settings, NICE recommends offering a comprehensive falls assessment to those who have fallen in the last year and who are living with frailty, were injured and needed medical treatment, lost consciousness, could not get up independently, or have had 2 or more falls in the last year (recommendation 1.1.3).

Are they worried about falling?

☐ Yes ☐ No

3. Individual risk factors

The assessments NICE lists for a comprehensive falls assessment (recommendation 1.2.2), where appropriate.

Blood pressure, lying

Blood pressure, standing

Cardiovascular examination, including lying and standing blood pressure (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Alcohol use (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Cognition and mood (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Signs of delirium (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Diet, fluid intake and weight loss (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Dizziness (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Footwear and foot condition (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Functional ability, and their own concerns about falling (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Gait, balance, mobility and muscle strength (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Hearing (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Long-term conditions that affect daily life, such as arthritis, dementia, diabetes or Parkinson's disease
(choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Neurological examination (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Osteoporosis risk (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Urinary continence (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Vision (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

Date of the last medication review

Medication review (choose one)

☐ No concern ☐ Concern ☐ Not assessed

What is the concern? (if applicable)

For people in residential care, NICE recommends a structured medication review to identify any medicines that may increase the risk of falls and to consider adjusting them (recommendation 1.3.21).

4. Their room and surroundings

Practical checks. These are this form's own, not a NICE list.

Call bell within reach, and they know how to use it (choose one)

☐ Yes ☐ No ☐ Not applicable

Bed and chair at a height they can get up from (choose one)

☐ Yes ☐ No ☐ Not applicable

Lighting, including at night on the way to the toilet (choose one)

☐ Good ☐ Poor

Floor clear of clutter, loose rugs and trailing leads (choose one)

☐ Yes ☐ No

Walking aid within reach and in good condition (choose one)

☐ Yes ☐ No ☐ Not applicable

Glasses and hearing aids within reach and worn (choose one)

☐ Yes ☐ No ☐ Not applicable

What needs changing?

5. Actions and review

Each risk factor needs an action. NICE says they should be addressed promptly.

Actions (copy this block for each one)

Risk factor *

What will be done?

Referral (choose one)

- ☐ None needed
- ☐ GP
- ☐ Pharmacist
- ☐ Physiotherapist
- ☐ Occupational therapist
- ☐ Falls service
- ☐ Optician
- ☐ Audiology
- ☐ Podiatry
- ☐ Continence service
- ☐ Other: _____

Who

By when

Has the plan been discussed and agreed with the person, and their family or representative where appropriate?

☐ Yes ☐ No

Review date

Review after any fall, and whenever their health, medicines or surroundings change.

Assessor name

Assessor signature

The person, or who signs for them

Their signature