

Assessment of Falls Risk workshop Ruth Cowell Falls Specialist Nurse BCH

This workshop will cover

- Who should be assessed?
- Assessment content  
<https://www.nice.org.uk/guidance/lgb25/resources/older-people-in-care-homes-60521208572869>
- Who can do the assessment?
- How do you know if you need further assessment?
- What can you do to reduce the risk of falls?

Fallsafe bundle for inpatients is useful

[http://www.bgs.org.uk/campaigns/fallsafe/CSTD\\_FallSafe\\_carebundle.pdf](http://www.bgs.org.uk/campaigns/fallsafe/CSTD_FallSafe_carebundle.pdf)

NICE guidelines cover detail of falls assessment and intervention

Further training available online

- [http://www.nottingham.ac.uk/toolkits/play\\_8633](http://www.nottingham.ac.uk/toolkits/play_8633)Case study
- later life training
- <https://www.futurelearn.com/courses/falls>

90 years old female moved to care home 6 months ago

Past medical history

Vascular dementia  
Hip fracture 2 years ago  
Treated hypothyroidism  
Hypertension  
Back pain

Drug History

Bendroflumethiazide  
Aspirin  
Simvastatin

Current history

20 falls in last 6 months 11 in bedroom clusters of 3 falls over a few days

Glasses - distance or reading Eye test unknown

Hearing aid

No breathing difficulty

Pulse 80 regular

BP Lying 150/80 Standing 130/65 Standing 3 minutes 140/ 70

Weight loss BMI 16 MUST =2

Alcohol family supply

Urinary urgency and frequency,

Mobility – pushes frame too far forward- restless

Function- can transfer independently and take herself to toilet

Feet slippers- corns Peripheral vascular disease?

Room at end of corridor

What is the benefit of root cause analysis?

What else do you need to know?

What are the changes in her condition?

What else do you need to know?

What are the risk factors for this patient?

What should you do?

