

# Intervention triggers to assist with compiling residents falls care plan

## Falls History

### Consider?

- Needed to understand previous causes of falls and use to develop falls care plan
- Discuss falls risk with resident/family
- Assess for postural/orthostatic hypotension
- Supervision plan
- Encourage safe activity
- Refer for further assessment e.g. GP.

## Mobility / Balance

### Consider?

- Moving & handling assessment
- Supervision plan
- Encourage safe use of walking aids
- Referral to Physio
- Correct height chair / bed / toilet
- Brakes on bed
- If appropriate consider hip protectors
- Promote exercise/ activity – particularly Strength & Balance

## Bone Health

### Consider?

- Is resident taking osteoporosis medication and / or calcium and vitamin D
- Discuss bone health with GP
- Lifestyle advice e.g. calcium rich diet, safe sunlight exposure, sensible alcohol intake, smoking cessation, weight-bearing activity

## Vision / Hearing

### Consider?

- Ensure glasses are clean, worn as required and within reach.
- Avoid varifocals / bifocals
- Ensure good lighting
- Ensure room clutter and obstacle free.
- Ensure hearing aid worn, clean and batteries working
- Check for ear wax
- Referral to Optician / Audiology / GP
- Minimise excess noise

## Continence

### Consider?

- Checking for infection
- Toileting regime
- Continence assessment
- Positioning near toilet
- Referral to DN or continence service
- Appropriate clothing
- A commode or urinal
- Using night lights
- Ensure adequate hydration

## Foot health and footwear

### Consider?

- Discuss with resident / family suitable footwear
- Slippers should NOT be worn during day
- Shoes with thin, flat sole, enclosed heel and fastening are best
- Introduce a footcare regime
- Referral to Podiatry
- Consider rubber tread socks if resident refuses to wear shoes/slippers

## Dizziness / blackouts

### Consider?

- Check lying / standing BP for postural hypotension
- Refer to GP for review of dizziness / fainting / blackouts/palpitations / medication
- If postural hypotension encourage to move ankles up and down before rising, then rise slowly and wait a few seconds.

## Medication

### Consider?

- Ask about / observe for symptoms of dizziness / drowsiness
- Check BP (lying/ standing).
- Medication review by GP
- Report side effects to GP
- Sedatives: toilet and prepare for bed before giving night sedation. Monitor at all times.
- Anti-psychotic can cause sedation, hypotension and impaired balance.
- Diuretic: anticipate immediate and subsequent toileting.

## Environment

### Consider?

- Orientate resident to environment
- Using 'Environment Assessment Tool'
- Aids, appliances and/or signage
- Ensure good lighting
- Clutter/ obstacle free
- Safe floor covering
- Slip/trip hazard free
- Telehealthcare

## Poor Nutrition

### Consider?

- Complete MUST tool
- Refer to GP/dietician
- Start a food record chart (as advised by GP/dietician)
- Food supplements (as advised by GP/ dietician)
- Encouraging good fluid intake

## Confusion/ Cognitive impairment

### Consider?

- Current health e.g. pain, dehydration, constipation
- Rule out infection / delirium
- Seek advice from GP / CPN
- Optimise environmental safety
- Telehealthcare
- Promote safe exercise and activity

## Night Patterns

### Consider?

- Night lighting
- Optimise environmental safety remove clutter / hazards
- Suitable bed height
- Glasses and buzzer within easy reach
- Appropriate nightwear and footwear
- Bed exit monitor
- Hi-low bed
- Commode/urinary bottle
- GP review of evening or night medication
- Assess for bed rails