

Supporting Information - Bucks Falls Prevention Pathway and Falls Risk Screen

History plays an important factor when assessing someone who has fallen. The Falls Risk Screen requires you to ask the client questions about the number of falls they have had and more detailed questions about their most recent fall (or the fall that brought them under your care). These questions enable the identification of possible contributory factors that need to be investigated either in primary care or through consultant led services.

The falls risk screen includes asking about:

- Symptoms before the fall:
 - any dizziness/ lightheadedness/ palpitations before the fall may require medical assessment to identify possible postural hypotension, arrhythmia, carotid sinus hypersensitivity etc.
- Circumstances of the fall:
 - if the client does not remember falling or does not remember the feeling of going down or of hitting the floor they may have lost consciousness. This requires medical assessment.
 - If the client thinks they “must have tripped” this is not the same as a clearly explained fall. Usually someone who has genuinely tripped will know what they have tripped on. Consider whether their explanation of the fall is plausible and if you have a witness to the fall ask them to explain what they saw. An unexplained fall may need medical assessment
 - What the person was doing when they fell helps us understand what may have led to the fall.
 - E.g. For someone who has fallen after using the toilet they could have had a vasovagal episode, or they might lack the strength in their legs or need equipment to hold on to when getting up. Often it is a combination of factors.
- Medication:
 - These questions are to help identify those that need medication review by their GP, Pharmacist or appropriate clinician.
 - In patients taking medication known to contribute to falls, medication review can play an important role in falls prevention. The aim of the review should be to modify or withdraw the drug, if not possible close monitoring is required
 - Falls maybe due to recent medication changes but are usually caused by medicines that have been given for a long time without appropriate review. Patients taking 4 or more prescription medicines are at an increased risk of falls. The most common reasons for medications to cause falls are:
 - Sedation leading to impaired balance and slow response
 - Postural (orthostatic) hypotension, sudden drop in blood pressure when a patient moves from lying down or sitting position to sitting or standing.
- Impact of the fall:
 - If a person stops doing things after a fall (e.g. they stop going out on their own) it could be due to a loss of confidence or a fear of falling. By identifying this early we can put things in place to build confidence.

- Ability to get help after a fall:
 - Asking these questions is an opportunity for you to help prevent the person having a long lie. You can provide advice or demonstrations about how someone should try to get up from the floor and you can help them plan for what to do if they cannot get up.
 - The Get Up and Go booklet <http://www.csp.org.uk/publications/get-go-guide-staying-steady> contains information about both getting up from a fall (page 20-21) and what to do if you cannot get up (page 22-23)
- Stability and balance
 - Asking these questions helps us identify who needs to have further assessment even if they have not yet had a fall.
 - If someone is having near falls or is unsteady when walking then they are likely to need further assessment.
 - If they are steady when they are holding on to something such as a walking aid they may not need onward referral. However being steady holding on to someone's arm or furniture indicates they should have their mobility assessed.

Once you have completed the Falls Risk Screen you should look at the **Actions to take** section as not all clients will need to be referred on the Bucks Falls Prevention Pathway

- If you are a GP and feel that a geriatrician review is required as part of a falls assessment you can refer directly to the Community Assessment and Treatment Service either on EMIS Clinical Services using the EMIS Clinical Service – CATS & MuDAS GP Referral Form or if urgent via Silver Phone for triage with a geriatrician. You do not also have to refer on to the Falls Pathway.
- If you are a GP completing/ reviewing the Falls Risk Screen form and have already investigated any dizziness/ possible loss of consciousness to your satisfaction, you should consider what further risk factors the client has for falls.
 - If the main risks are muscle weakness and balance you should consider referral to physiotherapy or suitable exercise classes
 - If there are multiple falls risk factors you should refer them on the Falls Pathway and include any relevant information about the medical investigations the client has already had
- Ideally you should provide the client with the Get Up and Go booklet or an equivalent falls prevention leaflet <http://www.csp.org.uk/publications/get-go-guide-staying-steady>
- If you have identified that the client needs to see their GP you should give them their falls risk screen to take with them to the GP appointment
- If you have identified that the client needs to be referred on the Falls Pathway please complete the rest of the form (Medical history, Memory Loss etc) and send the completed form on to Community Care and Coordination Team (CCCT) at buc-tr.communityspa@nhs.net
- No telephone referrals will be accepted

What happens next?

- Falls Pathway Advisors within CCCT will carry out triage and determine whether the clients require a brief falls assessment, a multifactorial falls assessment or a single service such as community physiotherapy/ community occupational therapy etc.
- The Falls Pathway Advisors will refer on to the most appropriate service