

Dear Sir/Madam

Thank you for your Freedom of Information request concerning risk assessment tool for the monitoring of patients at risk of falling.

The Trust can provide the following information:

1. Do you use a risk assessment tool for the monitoring of patients at risk of falling?

Yes

2. If so, please confirm what risk assessment you use and if possible attach a copy of it.

Please see below our current falls care plan

If you have any queries about this response please contact the information governance manager at [foi@homerton.nhs.uk](mailto:foi@homerton.nhs.uk) , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email [www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk) to take them further.

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Yours sincerely

James Cook  
Information Governance Administrator

Mike Dunne  
Information Governance Manager/Deputy Calidcott Guardian

*Incorporating hospital and community health services, teaching and research*

## Falls risk assessment & Care Plan

Name \_\_\_\_\_

Hospital Number \_\_\_\_\_

Ward \_\_\_\_\_

Priority: Patient Safety

**Risk assessment**

1	Does the patient have a history of falls before admission or since admission?	Yes/No
2	Does the patient try to walk alone and is unsteady or unsafe?	Yes/No
3	Is the patient or relative (s) anxious about falling?	Yes/No
4	Is the patient confused, disorientated, impulsive or agitated?	Yes/No
5	Does the patient have any of the following conditions hypotension, stroke, Parkinson's disease, arthritis un controlled diabetes, continence problems, current alcohol or drug use	Yes/No
6	Is the patient taking any medication that could increase their risk of falling such as: antihypertensive, cardiac drugs, sedation, anti depressants, diuretics and/or hypoglycaemic medications?	Yes/No

Risk assessment completed by: .....Staff title..... Date:.....

**Answer all the above questions.**

- If **Yes** to any questions then the patient is at high risk of falling and a care plan must be completed.
- Utilise free text below to **personalise** care plan for patient.
- The patient plan must be **reviewed at each shift handover**.
- Evaluation of a problem is required **each shift**
- **Follow** recommendations outlines on the falls core requirements.
- **Bleep the falls prevention nurse (635) once the core requirements have been completed**

**Problem: Patient is identified at risk of falling.**

- Goal: Reduce the risk of the patient to its lowest level**
- Goal: Raise awareness of risk reduction strategies**
- Goal: Engage the multidisciplinary (MDT), patient and /or carers to achieve best outcome.**

**Core requirements /care plan**

		signature	Date
<b>A1</b>	Ensure the bed is at the lowest level, the bedrails are lowered and the breaks are secure. Consider floor level bed and crash mat		
<b>A2</b>	Position the patient in an easily observed area of the ward, ensure the patient is given the nurse call bell and all personal equipment is placed within easy reach of the patient. Ensure night light is on		
<b>A3</b>	Obtain one lying and standing blood pressure recording. Document it on the acute care observation chart. Inform the medical team about the results.		
<b>A4</b>	Complete a mini mental state exam (MMSE), or an abbreviated mental test & liaise the results with the Team		
<b>A5</b>	Complete a urinalysis, liaise the results with the patients medical team. Send a sample of urine for MC&S if positive to nitrites, leucocytes, blood or protein.		
<b>A6</b>	Ask the patients Medical Team to review the patients prescribed medication.		
<b>A7</b>	Ensure the Fall's prevention Nurse, medical staff, physiotherapist,		

