Sunderland Falls Risk Assessment Tool: Please complete and send through the internal post to the Galleries Day Unit

Name:	D.O.B:		Unit No: Assessment Date(s).			
Address:	GP/ Address Setting:					**Type of fall (tick box)**
		Date	**Date**	**Date**	**Date**	
Sex: Male	1					**Risk assessment (**patient has **not** fallen**)**
Female	2					
Age: 60-75	1					
75+	2					**Explained Fall** i.e. mechanical, environmental etc.
Gait – assess gait in past week if variable choose higher						
Hesitant/ fear of falls	1					
Poor Transfer	3					
Unsteady	3					**Unexplained Fall** i.e. blackouts, fainting etc.
Mobility - assess in the past week – if variable choose higher						
Full	1					
Uses aid	2					
Restricted	3					
Immobile	1					
Poor condition of feet	1					
Inappropriate footwear	1					
Medication						
Hypnotics	1					
Tranquillisers	1					
Hypotensives	1					
Diuretics	1					
Laxatives	1					**Referrals : (please circle)** -GP -Physiotherapy -Occupational therapy -CPN/ RMN -Galleries Day Unit -CHS Falls Clinic -Urgent Care -24/7 team -A+E -Podiatry -Community Matron -Optician -Audiologist -District Nurse -Practice Nurse -Continence Nurse -Hospital admission (**Ward/Dept**:……)
Falls History- document number of falls including suspected falls in box below						
History of falls	1					
Fall in home or outside	2					
Fall in clinical setting	1					
Medical History						
Diabetes	1					
Organic brain disease/confusion/delirium	3					
Fits/ lack of consciousness	1					
Postural hypotension	3					
Excess alcohol	1					
Concerned regarding poor food/ fluid intake/ and or weight loss	1					
Continence						
Urine incontinence	1					
Bowel incontinence	1					**Total score:**
Urgency, frequency	2					
Communication: assess in past week – if variable choose higher score						**1-7 low risk** **8-14 medium risk** **15+ high risk**
Unable to call for help	2					
Visual Impairment	2					
Deaf/hard of hearing	1					
Score total:						
Name of Nurse:						

Nurse assessment of risk

Will not fall **Medium risk** **Certain to fall**

_1_____2_____3_____4_____5_____6_____7_____8_____9_____10__