Case Study 1

Mr. Casey has been admitted to the HSE residential facility where you work and you are required to complete the MRFA as part of his admission. (Note: the MFRA must be completed within 24 hours of admission. This timeframe will allow you to collect the data required to complete it). The following details have been documented from information sent by his GP and following discussion with Mr. Casey and his daughter Elaine, who accompanied him to assist in answering questions if needed.

Age 81

PMHx:
Advanced mixed dementia
NIDDM
HTN
Hypercholesterolaemia

Falls History: none in past 12 months

Bone health: no issues

Vision: – he wears glasses for reading, last review with his optician was 2 months ago.

Hearing: he has bilateral hearing aids, recently seen by audiologist (2 months ago, no new issues). Elaine tells you that her mother assisted him to put in the hearing aids every morning, she has done so today. If not given this assistance he will not remember to use them.

Continence – he is continent by day, gets up several times at night per Elaine and can be incontinent at night.

SHx:
Retired teacher.
His wife Rita who was his carer passed away last month, family unable to support him to remain at home.
Assistance with ADLs including cueing to eat.
Assistance with showering, dressing.
Mobilising with 1 stick and supervision, prompts to use stick
Hobbies – daughter reports he enjoys being out in the garden.

Current Medication:
Rivastigmine
Perindopril
Atorvastatin

The following details have been observed by your colleagues and yourself yesterday and today:
Mr. Casey is reported by staff to have been quite impulsive and found it difficult to settle. He mobilises without his stick, requires prompts to have it with him.
When he has the stick he is steady. Without it he holds furniture and is not steady. His footwear is suitable.
He states he is not afraid of falling.
He required cues during mealtime.
He got up twice last night to urinate, he did not ring the bell for assistance, was observed and accompanied by night staff.

Complete the MRFA and using the Falls Reduction Workbook for Clinicians consider what to do next.

- Are any reviews required?
- Which ones?
- What interventions (to address the identified risk factors) must be considered as part of his care plan?

HSE MID WEST
COMMUNITY HEALTHCARE
Mental Health | Older Persons | Disabilities
Primary Care | Health & Wellbeing

Attach patient label here

MULTIFACTORIAL FALLS RISK ASSESSMENT

Complete for residents/patients aged 65 years+:	**Complete for residents/patients 50-64 years (under 50 years where appropriate) with one of the following:**
• Within 24 hours of admission to ward/unit • In the event of a fall. • At 4 monthly intervals if the resident is long stay • If there is a significant change in condition	• A fall in the last year or admitted with a fall • Difficulties with gait or balance • Fear of falling • Any clinical condition that increases the risk of falling

Item	**Circle**	**COMMENTS**
Resident/Patient input	Yes / **No**	*Impaired cognition evident during conversation*
Family input	Yes / No	*Daughter present*
Carer input/other	Yes / No	
History of falls		**COMMENTS**
Previous falls	Yes / **No**	
Cause of fall(s) *(slip, trip, fall, medical event e.g.blackout, dizziness)*		
Injuries from previous fall(s)	Yes / **No**	
Fear of falling: Does the patient worry about falling or losing their balance?	Yes / **No**	
Consider (Refer to workbook for further information): *Frequent falls can indicate health deterioration or Blackouts– consult GP/Medical Officer* *Occupational therapy referral, Physiotherapy referral*		
Mobility		**COMMENTS**
Unstable gait or looks unsafe walking	YES / **No**	*When not using his stick*
Has the gait recently changed?	Yes / **No**	
Does the patient use mobility aids?	Yes / **No**	
What mobility aids does the patient use? *How long? Assistance required?*	*Stick, needs prompts to remember to use stick*	
Impaired Transfers/Impaired ADL's	Yes / **No**	*Assistance with showering, prompts for eating*
Inappropriate Footwear/Foot Disorder	**Yes** / No	
Consider (Refer to workbook for further information): *Occupational therapy referral, Physiotherapy referral, Podiatry referral,Medical review, Other*		
Vision, hearing, language		**COMMENTS**
Patient has visual deficit	Yes / No	*Last seen by optician 2 months ago*
Patient wears glasses?	Yes / No	*For reading*
Consider (Refer to workbook for further information): *Ophthalmology referral*		
Patient has hearing deficit	Yes / No	*Seen by audiologist 2 months ago*
Hearing aids are functional	Yes / No	*Requires assistance to put them in*
Consider (Refer to workbook for further information): *Audiology referral*		
Patient speaks and understands English?	Yes / No	
Consider (Refer to workbook for further information): *Use of interpreter*		

Falls risk assessment

Adapted with permission from Health, Quality & Safety Commission, New Zealand https://www.hqsc.govt.nz/assets/Falls/PR/risk-assessment-tool-Oct-2014.pdf

Cognition		COMMENTS
Patient has communication impairment?	Yes / No	Able to verbalise needs
Patient has confusion/disorientation or altered mental state?	Yes / No	
Patient has memory loss?	Yes / No	
Patient is agitated, impulsive, or unpredictable?	Yes / No	
Patient overestimates/ forgets limitations?	Yes / No	
Consider (Refer to workbook for further information): *Observe, Medical review, Written visual prompts, OT referral*		

Continence		COMMENTS
Patient has frequency, urgency or incontinence?	Yes / No	Incontinent at night
Patient has a UTI?	Yes / No	
Consider (Refer to workbook for further information): *Catheter, Commode/urinal by bed, Assessing for appropriateness of incontinence aids, Complete continence assessment*		

Nutrition		COMMENTS
Does the patient have difficulties eating or drinking enough?	Yes / No	Requires cues during mealtimes
Has the patient experienced recent unexplained weight loss?	Yes / No	
Consider (Refer to workbook for further information): *Referral to dietician, SLT or GP*		

Bone Health & Fracture Risk		COMMENTS
Does the person have contributing factors that place them at risk of bone fracture?	Yes / **No**	
Consider (Refer to workbook for further information): *Consult with GP/MO if Bone Health Review is needed, is the person on bone protection medication?*		

Medications		COMMENTS
Patient takes four or more drugs/day?	Yes / **No**	

High Falls Risk Medications *(Tick drug class below)*

❑ Anticholinergics	❑ Anti-Emitics	√ Anti-Hypertensives	❑ Diuretics	❑ Drugs with sedative effect	❑ Hypnotics/ Anxiolytics	❑ Laxatives	❑ Opioid Analgesics

Consider (Refer to workbook for further information):
Pharmacy/Medication review, Monitoring lying and standing BP, Assistance with mobilisation

Environmental Hazards		COMMENTS
Are there environmental hazards (personal or structural)? **(Use Environment & Orientation Check)**	**Yes /** No	
Consider: *Footwear & clothing, flooring, lighting & contrast,bed,bathroom, hallways, furniture & eating, walking aid & wheelchair* **(Refer to Environment & Orientation Check and workbook)**		

Other risks		COMMENTS
Other Health Conditions eg stroke, frailty, infection, delirium	Yes / No	
Does the patient have any other risk factors?	Yes / No	

Further comments and observations:

Requires prompts to use stick, cues during mealtimes and observed to be agitated and unpredictable at times

Name of healthcare professional who completed this falls risk assessment:

Name	Signature	Date