Case Study 2

Mr. Casey has been a resident in the HSE residential facility for 3 months and has had a fall. The fall occurred going out from the sun room to the garden. Mr. Casey was using his stick and walking with a HCA but missed the step and fell. He sustained a cut to his right knee. You completed post-fall assessment (using the Falls Algorithm as a guide) and Medical advice was sought as per the guideline. The Nursing Post Fall Checklist has been completed and now you are completing the MFRA to review risk factors and identify any change/new interventions required in the care plan to address the risk factors.

There are no new medical issues. There have not been any changes to medication. Mr. Casey is otherwise well and back to his normal engaging self with no new issues.

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

- Are any reviews required?
- Which ones?
- What must be considered as part of his care plan?



MULTIFACTORIAL FALLS RISK ASSESSMENT

Complete for residents/patients aged 65 years+:

- 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

Complete for residents/patients 50-64 years (under 50 years where appropriate) with one of the following:

- 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					
Family input	Yes / No					
Carer input/other	Yes / No	Staff input				
History of falls		COMMENTS				
Previous falls	Yes / No					
Cause of fall(s) (slip, trip, fall, medical event e.g.blackout, dizziness)	Missed the step to the garden					
Injuries from previous fall(s)	Yes / No	Laceration to right knee, dressing applied				
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	If not using his stick, needs reminders to use it				
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					
Impaired Transfers/Impaired ADL's	Yes / No					
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					
Patient wears glasses?	Yes / No	Reading glasses, last r/v 5 months ago				
Consider (Refer to workbook for further information): Ophthalmology referral						
Patient has hearing deficit	Yes / No	Requires assistance to put them in				
Hearing aids are functional	Yes / No	,				
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						

Patient has communication impairment? Patient has confusion/disorientation or altered mental state? Patient has memory loss? Patient is agitated, impulsive, or unpredictable? Patient no memory loss? Patient is agitated, impulsive, or unpredictable? Patient overestimates/ forgets Irintations? Yes / No Patient has frequency, urgency or information; Consider (Refer to workbook for further information): Consider (Refer to workbook for further information): Complete continence assessment Nutrition Nutrition Nutrition Comments Yes / No Requires cues to eat Yes / No Consider (Refer to workbook for further information): Referral to dietician, SLT or GP Bone Health & Fracture Risk Consider (Refer to workbook for further information): Referral to dietician, SLT or GP Bone Health & Fracture Risk Consider (Refer to workbook for further information): Set person have contributing factors A that place them at risk of bone fracture? Consider (Refer to workbook for further information): Set person on bone protection medication? Medications Patient takes four or more drugs/day? Yes / No Patient takes four or more drugs/day? Neal in takes four or more drugs/day? Neal in takes four or more drugs/day? Medications Patient takes four or more drugs/day? No antienting a large of the properties of the prop	Cognition	Cognition				COMMENTS			
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Patient has memory loss? Yes / No Needs prompts to use stick, hearing aids Patient is agitated, impulsive, or uppredictable? Patient overestimates/ forgets Yes / No Forgets stick and can attempt to walk without it Consider (Refer to workbook for further information): Observe, Medical review, Written visual prompts, OT referral Continence COMMENTS Patient has frequency, urgency or incontinence? Patient has frequency, urgency or incontinence? Patient has a UTI? Yes / No Urinary frequency at night, forgets to use call bell visual prompts, OT referral 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 Last the patient experienced recent unexplained weight loss? Yes / No Consider (Refer to workbook for further information): Referral to dietician, S.LT 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 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 Consider (Refer to workbook for further information): Pharmacy/Medication review, Monitoring lying and standing BP, Assistance with mobilisation Environmental Hazards Ves / No Step to garden Ves / No No Step to garden Ves / No No No No No No No No	Patient has confusion/disorie	Patient has confusion/disorientation or		No				ets stick	
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Name of healthcare professional who completed this falls risk assessment:

Name	Signature	Date