IDENTIFYING FALL RISK FACTORS



Did you know?

- Approximately 8 hospital admissions occur each day in New Brunswick due to fall-related injuries in older adults.
- Women are two times more likely to be admitted to hospital due to fall.
- The average length of stay in hospital due to a fall is 23 days.

As a primary healthcare provider, you are already aware that falls are a serious threat to the health and well-being of older adults.

The more risk factors a person has, the greater their chances of falling. Healthcare providers can help lower an older adult's risk of injury by addressing the fall risk factors that have been identified during the medical examination.

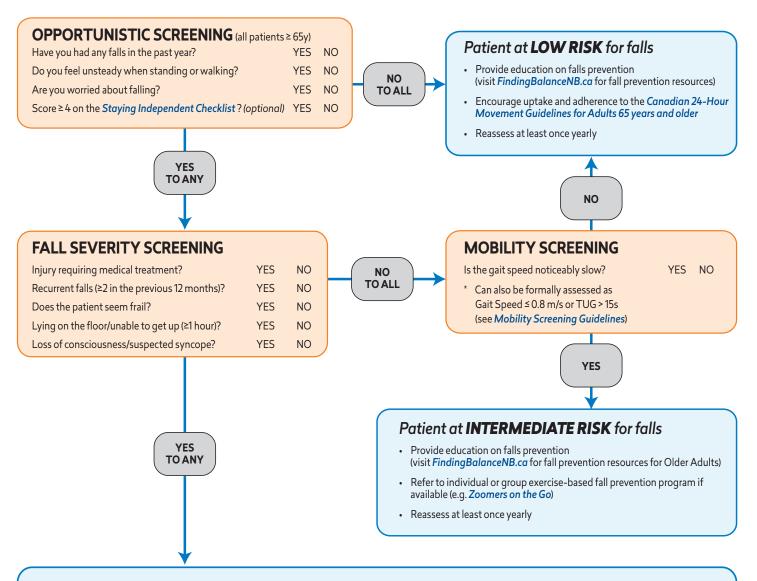
| Biological + | → Behavioral ← | ✦ Social & Economic ← | Environmental |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Impaired mobility Balance deficit Gait deficit Muscle weakness Advanced age Chronic illness / disability: Cognitive impairment Stroke Parkinson's disease Diabetes Arthritis Heart disease Incontinence Foot disorders Visual impairment Acute illness | History of falls Fear of falling Multiple medications Use of: Anti psychotics Sedative/hypnotics Antidepressants Excessive alcohol Risk-taking behaviours Lack of exercise Inappropriate footwear/clothing Inappropriate assistive devices use Poor nutrition or hydration Lack of sleep | Low income Lower level of education Illiteracy / language barriers Poor living conditions Living alone Lack of support networks Lack of social interactions Lack of transportation | Poor building design and/or maintenance Inadequate building codes Stairs Home hazards Lack of: Handrails Curb ramps Rest areas Grab bars Poor lighting or sharp contrasts Slippery or uneven surfaces Obstacles and other tripping hazards |

We encourage you to adopt a coordinated approach to implementing best clinical practice guidelines for fall prevention. The **Algorithm for Fall Risk Screening, Assessment and Intervention** located on the other side of this page, outlines the recommended process to address fall risk factors of concern with an older patient. This tool will be updated on an ongoing basis as new research, best practice and resources are available.

Keep in mind that your clinical judgement should also take into account the older adults ability or readiness to address their risk factors, their preferences and the availability of family support during the development of an individualized care plan.

ALGORITHM FOR FALL RISK SCREENING AND INTERVENTION





Patient at HIGH RISK for falls

- · Optimize the management of underlying acute and chronic medical issues. Complete a physical exam and routine labs (including B12, Vit D and TSH levels)
- · Complete a medication review to deprescribe fall-risk-increasing drugs. Consider a referral to a pharmacist
- Check for orthostatic hypotension with lying and standing BP, and manage if present (systolic drop ≥ 20 mm Hg or diastolic drop ≥ 10 mm Hg)
- Assess and manage concerns about falling with validated tool (e.g. Staying Confident Checklist). Consider a referral for occupational therapy and/or cognitive behavioural therapy
- Refer to an optometrist to assess and optimize vision
- Screen for osteoporosis and treat if present
- · Refer for OT home safety assessment and modifications (e.g. EMP, outpatient or private)
- · Provide education on falls prevention (visit FindingBalanceNB.ca for fall prevention resources for Older Adults)
- · Refer to PT for gait aid assessment, and optimization of strength/balance (e.g., EMP, outpatient or private)
- Plan follow-up within 3 months to review the individualized care plan