

# Falls Algorithm

## ASK

Waiting room: Patient (and/or accompanying family/whānau/carers):

- Reads poster
- Completes self-assessment in *Stay independent* brochure

Consultation: Doctor/nurse identifies patients at risk by

**REVIEWING:**  
The patient's self-assessment within *Stay independent* brochure

**ASKING:**

Have you slipped, tripped or fallen in the last year?	Can you get out of a chair without using your hands?	Have you avoided some activities because you are afraid you might lose your balance?
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**If YES**  
Enquire about circumstances of most recent fall(s) or near-fall(s)      Take a falls history  
Educate patient on risk of falling increasing with age

If **NO** to all 3 questions and self-assessment items

## PREVENT THE FIRST FALL

Consider general health promotion advice including maintaining or increasing a patient's physical activity. Follow up with patient annually

Consider referral to classes which focus on balance:

- Local falls prevention programmes
- Chair Stand Exercise

Consider resources such as:

- *Talking about Falls Prevention with Your Patients*
- *Home safety checklist* (ACC5218)
- *Standing up to falls* (ACC2383)
- *Why vitamin D is important* (ACC6774)

SCREEN ALL PATIENTS ANNUALLY

ASSESS	
PHYSICAL ACTIVITY	Balance, strength and gait
	Mobility
	Muscle strength and tone (especially lower limb)
	Feet and/or shoes
UNDERLYING CONDITIONS	Medicines (especially psychotropics)
	Dizziness or postural hypotension
	Cognition
	Vision
	Continence problems
	Any other health problems that may increase the risk of falling
	Home safety

ACT
Enhance balance and strength
Improve or assist mobility
Prescribe vitamin D supplements if at risk of deficiency
Address foot problems and ensure safe footwear
Review and optimise medicine use
Manage and monitor hypotension
Address any cognition problems
Optimise vision
Manage continence problems
Address other health problems
Optimise home safety

Processes and tools/resources
Use one or more of: ● <i>Timed Up and Go (TUG test)</i> ● <i>30 second Chair Stand test</i> ● <i>Four-Stage Balance test</i>
Neurological examination: ● Assess muscle tone, in particular look for cogwheel tone ● Vitamin D supplementation improves neuromuscular and psychomotor performance and is therefore thought to reduce falls
Examine feet for structural abnormalities, deficits in sensation and proprioception, ask if patient experiences any foot pain. Evaluate footwear (see: <i>Standing up to falls ACC2383</i> )
Taper and stop psychotropic medicines if there are no clear indications or evidence of benefit, otherwise reduce doses if possible and increase non-pharmacological treatments Monitor patient as they make recommended changes.
Check supine and standing orthostatic blood pressure using <i>Measuring Blood Pressure: Detecting Postural Hypotension</i> Cardiovascular examination, rate and rhythm of pulse Discuss with patient and give information on postural hypotension Recommend medicine changes to reduce hypotension Monitor patient as they make recommended changes
Assess for cognitive impairment and depression
Assessment for visual impairment Discuss increased falls risk with bi-focal and multifocal lenses with patient
Consider urgency caused by diuretics or laxatives
Discuss with patient and family increased falls risk from certain conditions, stroke, parkinsonism, motor neurone disease
Counsel patient about reducing fall hazards. Give information on reducing hazards in the home: ● <i>Home safety checklist</i> (ACC 5218) ● <i>Standing up to falls</i> (ACC2383)

Specialist input or referral as needed
Refer to a Physiotherapist for: ● Assessment of gait and balance ● One-on-one progressive gait and balance retraining ● Strengthening exercises ● Recommending and teaching correct use of assistive devices
Refer for a Green Prescription or to a falls prevention programme. For patients aged over 80 years; consider referral to a home-based programme. Contact Green Prescription co-ordinators (for a list see the Ministry of Health website) or ACC community injury prevention consultants for a list of local falls prevention programmes (enquire at: information@acc.co.nz).
Refer to a Podiatrist for: ● Assessment and treatment of foot problems ● Prescription of corrective footwear or orthotics
Follow up as appropriate
Follow up as appropriate
Refer for specialist input if appropriate
Refer to an Optometrist or Ophthalmologist for: ● Identification and treatment of medical conditions contributing to vision problems ● Problems with visual acuity and contrast sensitivity
Refer for specialist input if appropriate
Refer for specialist input if appropriate
Refer patients at higher risk of falling to an occupational therapist for home safety assessment and modification: ● Assess safety and the patient's ability to function in the home ● Arrange for installment of rails and other aids if required

TARGETED TO THOSE AT RISK:  
MULTI-FACTORIAL ASSESSMENT AND INTERVENTIONS