|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Care Home Multifactorial Falls Risk Screen (MFRS)** | | | | | | | | | | | A close up of a logo  Description generated with very high confidence | | |
| Individual name: | | | Care home/unit: | | | | Date of birth: | | | |
| Previous falls, their causes, and any intervention  **Falls history**  **Confusion and cognition**  If the individual has cognitive impairment/ learning disability/ dementia, or is more confused? | **Mobility, strength & balance**  If the individual has walking aids and is steady and confident? | **Medication**  If individual is taking medication that may increase falls risk, any side effects, and if  pain is well managed? | | **Continence**  Are they continent of urine/ faeces or are toileting habits normal? |  | **Health conditions and symptoms**  Existing health conditions or symptoms that may relate to balance.  **Nutrition and hydration**  Do they have a normal weight, good fluid/ nutritional intake? | | Do they have normal or impaired hearing or sight?  **Vision and hearing** | Environment safe and suitable for the individual  **Environment** | **Foot health and footwear**  Are their feet healthy and is their footwear suitable? | | **Bone health**  Does individual have diagnosis of osteoporosis or risk factors? |  |
| Consider:  Consider:   * Previous falls: * Number * Date(s) * Frequency * Location * Time of day * Activity at the time * Contributory factors * Any patterns * Pre-admission falls prevention strategies. * If the individual is worried about falls | Consider:  Consider:   * Pain * Dehydration Constipation * Mood/ emotion * Infection * Delirium * Medication effects * Terminal agitation * Use of telecare-buzzers/sensors * Calm environment * Bed safety * Consider night patterns. * Meaningful activity * Refer to GP or mental health team | Consider:  Consider:   * Does the resident have Clinical Frailty Scale (CFS) score? * Professionally fitted walking aid, functional in good condition? * Manual handling assessment * Support to build confidence. * Encourage appropriate physical activity. * Evidence-based strength balance programmes * Refer to OT or physio. | | Consider:  Consider:   * Medication acting on heart, circulation, or brain. * Lying/standing blood pressure and heart rate * Any side effects. * Compliance * Recognised pain assessment tool. * Pain well managed * Medication review within the last year * Refer to GP, pharmacist, or mental health team for review. | Consider:  Consider:   * Consider infection. * Continence bundle * Distance to toilet, toileting regime, clothing, use of telehealth-nightlights buzzers/ sensors * Equipment- e.g. * Commode * Urinal * Catheter bag secured to leg. * See nutrition, hydration, and medication advice. * Referral to continence service and/or OT | Consider:  Consider:   * Use MUST tool. * Use fluid chart. * Consider prescribed diet. * Encourage good.   fluid intake,  avoiding excessive caffeine / alcohol  and good oral  hygiene   * Refer to speech and language therapy (swallowing/   mealtime difficulties), dietician (nutrition), and  dentist (mouth) guidance | | Consider:  Consider:   * Lying/standing blood pressure and heart rate * Symptoms e.g. * Dizziness * Blackouts * Chest pain * Palpitations * Headaches * Fainting * Visual changes * Conditions e.g. * Diabetes * Parkinson’s * Stroke * Medication and condition   management   * GP or specialist team referral | Consider:  Consider:   * Ensure aids in place and in good condition. * Annual vision/ and hearing test * Ensure suitable lighting and environment. * Check for ear wax. * Dementia and sight-loss-friendly environment * Consider night patterns. * Refer to optician or audiology | Consider:  Consider:   * Orientation of resident to environment * Environment assessment tool * Consider aids, appliances and/or signage. * Consider manual handling. * Use of telecare-buzzers/sensors * Consider night patterns. * Buzzer/aids in easy reach * Referral to OT | | Consider:  Consider:   * Regular suitable foot assessment and care regime supported by staff. * Liaise with resident and family regarding suitable footwear- see podiatry guidance. * Check for colour, sensation, skin integrity. * Use of and compliance with splints, orthotics, or prosthetics * Referral to podiatry guidance | Consider:  Consider:   * Sufficient calcium in diet * Calcium and vitamin D supplementation * Lifestyle advice for example sunlight exposure * Alcohol reduction and smoking cessation advice * Weight-bearing activity * Discuss with GP bone health management and medication. |

|  |  |  |
| --- | --- | --- |
| Individual name: | Care home/Unit: | Date of Birth: |

A close up of a logo

Description generated with very high confidence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reason for completion | Risk factors identified | Action required | Date and signature | Actions completed | Outcome | Date and signature |
|  |  |  |  | Foot health and footwear |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Reason for completion: P** – Pre-Admission, **A** – Admission, **R/V** – Review **F** – Fall, **C** - Change in Condition, **H** – Return from Hospital