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| **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 ifpain 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 oralhygiene* 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.

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



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| Reason for completion  | Risk factors identified | Action required | Date and signature | Actions completed | Outcome | Date and signature |
|  |  |  |  | Foot health and footwear |  |  |
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**Reason for completion: P** – Pre-Admission, **A** – Admission, **R/V** – Review **F** – Fall, **C** - Change in Condition, **H** – Return from Hospital