­­Falls and Physical Activity in Care Homes **First Contact Practitioner Checklist**

**Care home: Date: Meeting number:**

**Care home staff and practitioners present:**

**Name of individual:** **Date of birth:**

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| **Background information and recent falls history**Include ‘What Matters to Me’ and life history |

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| **Topics to consider covering\*:** *\*with reference to the Managing Falls and Fractures in Care Homes, Good Practice Resource from the Care Inspectorate**\*\* this checklist should not replace the standard record keeping for your profession or organisation* |
| **Date of admission to care home:**Notes: | **Date of most recent care review:** Notes: |
| **Resident consent for video consultations:** [ ] Notes:  | **Falls history:** [ ] Notes: |
| **Specialist conditions (PMH):** [ ] Notes:  | **Medication and Pain control:** [ ] Notes:  |
| **A&E input:** [ ] Notes:  | **Pharmacy input/Medication review:** [ ] Notes:  |
| **Mental health, behaviour + wellbeing:** [ ] Notes: | **GP referral/Input:** [ ] Notes: |
| **Recent investigations (blood/urine/BP):** [ ] Notes: | **Injuries (inc. imaging/surgery/rehab):** [ ] Notes: |
| **Movement and function:** [ ] Notes:  | **Mobility and walking aids:** [ ] Notes:  |
| **OT/ Physio input:** [ ] Notes: | **Anticipatory care planning/DNA CPR:** [ ] Notes:  |
| **Communication/Sensory impairments:** [ ] Notes:  | **Cognition/Dementia:** [ ] Notes:  |
| **Staff communication/Resident monitoring:** [ ] Notes: | **Staffing – Levels/training/skill mix:** [ ] Notes:  |
| **Care/Manual Handling Equipment:** [ ] Notes:  | **Continence/Toileting/Personal Care:** [ ] Notes:  |
| **Nutrition and Hydration inc. Weight:** [ ] Notes:  | **Footwear/Foot heath/Podiatry input:** [ ] Notes:  |
| **Environment (care home):** [ ] Notes:  | **Environment (room):** [ ] Notes:  |
| **Use of Communal areas:** [ ] Notes:  | **Social activities/Physical activity:** [ ] Notes: |
| **Alarms/Falls sensors:** [ ] Notes:  | **Infection control:** [ ] Notes: |
| **24h pattern/Sleep:** [ ] Notes:  | **Family/NOK support and visiting:** [ ] Notes:  |
| **Nursing input:** [ ] Notes:  | **Dental care/other Specialist team input:** [ ] Notes: |
| **Documentation & Reporting:** [ ] Notes:  | **Falls data trends:** [ ] Notes:  |

**Action Plan:** (signposting, referrals, adaptations, specialist opinions, follow-up etc.)

**Signed: Role: Date:**