­­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:**