

Practice Fall Prevention

Working together, healthcare providers and staff can identify and manage older patients' (age 65+) fall risk. Use this chart to determine who will conduct each fall prevention task. Multiple people may complete one task.

Tasks	Who Is Responsible?	What Is Involved?
Screen for fall risk yearly or any time patient reports a recent fall		<p>Have the patient complete the <i>Stay Independent</i> brochure, or ask the patient these 3 screening questions:</p> <ul style="list-style-type: none"> • Have you fallen in the past year? • Do you feel unsteady when standing or walking? • Do you worry about falling? <p>If at risk, flag patient for additional assessment based on CDC's <i>STEADI Algorithm</i>.</p> <p>If not at risk, prevent future risk by recommending effective prevention strategies.</p>
Evaluate gait, strength, and balance		<p>Administer one or more of the following assessments:</p> <ul style="list-style-type: none"> • Timed Up and Go Test • 30-Second Chair Stand Test • 4-Stage Balance Test <p>If improvement is needed, refer patient to physical therapy or a fall prevention program (e.g., Tai Chi).</p>
Identify medications that increase fall risk		<p>Conduct a medication review to identify patient medications that increase fall risk. If medications are likely to increase fall risk, consider stopping, switching, or reducing the dose of those medications.</p>
Ask about potential home hazards		<p>Complete the home safety checklist inside the <i>Check for Safety</i> brochure. If home hazards are likely, refer patient to an occupational therapist.</p>
Measure orthostatic blood pressure		<ol style="list-style-type: none"> 1. Have the patient lie down for 5 minutes, then check blood pressure. 2. Then, have the patient stand up for 3 minutes and repeat the blood pressure check. <p>If the patient's blood pressure drops at least 20 systolic or 10 diastolic after going from lying down to standing, that indicates orthostatic hypotension.</p> <p>To reduce hypotension:</p> <ul style="list-style-type: none"> • Stop, switch, or reduce the dose of medications that increase fall risk. • Educate the patient to pump feet 20 times before standing. • Establish appropriate blood pressure goal. • Encourage at least 48 oz fluid daily. • Consider compression stockings.
Check visual acuity		<p>Perform vision assessment (e.g., Snellen eye test).</p> <p>If visual impairment is observed:</p> <ul style="list-style-type: none"> • Refer to ophthalmologist/optometrist. • Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics). • Consider the benefits of cataract surgery. • Provide education on depth perception and single vs. multifocal lenses.
Assess feet and footwear		<p>Look for foot deformities, deficits in sensation, proprioception, and inappropriate footwear.</p> <p>If feet/footwear issues are identified:</p> <ul style="list-style-type: none"> • Provide education on shoe fit, traction, insoles, and heel height. • Refer to a podiatrist.
Assess vitamin D		<p>Ask about patient's vitamin D intake.</p> <p>If deficiency is observed or likely, consider increasing dietary vitamin D or daily vitamin D supplements.</p>
Identify comorbidities		<p>Screen for comorbidities (e.g., depression, osteoporosis).</p> <p>If comorbidities are documented, optimize treatment of conditions identified.</p>
Provide patient education		<ul style="list-style-type: none"> • Talk to patients about their fall risk. • Discuss patient and provider health goals. • Develop an individualized patient care plan.
Follow-up with patient		<ul style="list-style-type: none"> • Develop a follow-up plan for each at-risk patient. • Discuss ways to improve patient receptiveness to the care plan and address barriers.
Link to community resources		<ul style="list-style-type: none"> • Identify evidence-based community exercise and fall prevention programs. • Compile and document a list of available programs.
Collect falls data		<ul style="list-style-type: none"> • Identify data needed to measure program success. • Work with information technology staff to enable collection of the data. • Enter falls data into medical record. • Review medical record to ensure all results and referrals are recorded.
Manage program		<ul style="list-style-type: none"> • Conduct staff training, including refresher and new staff trainings. • Monitor progress of your efforts.



Refer to the *STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention* and the *Coordinated Care Plan to Prevent Older Adult Falls* for more information on how to screen, assess, and intervene to reduce your older patients' fall risk.

