Community Pharmacy Algorithm for Fall Risk Screening, Assessment, and Care Coordination

START HERE

1

SCREEN for fall risk yearly for older adults (\geq 65 years) taking \geq 4 chronic medications or \geq 1 high-risk medication or any time patient presents with an acute fall.

Three key questions to ask patients [at risk if YES to any question]:

- 1. Feels unsteady when standing or walking?
- 2. Worries about falling?

- 3. Fell in the past year?
 - > If YES ask, "How many times?" "Were you injured?"

SCREENED **NOT** AT RISK

PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Refer to community exercise or fall prevention program
- Reassess yearly or any time patient presents with an acute fall

Document answers to three key questions and education provided to patient

Share answers to three key questions with the patient's primary care provider using the *Provider Consult Form*

SCREENED AT RISK

2

ASSESS patient's modifiable risk factors.

Document answers to three key questions and education provided to patient

Identify medications that increase fall risk

- Schedule medication review with patient
- Review medications utilizing the Community Pharmacy Falls Risk Checklist and a geriatric-specific medication decision-support tool (e.g., The UNC High Risk Medication Recommendations or the Beers Criteria)
- Identify any medication therapy problems (MTPs) associated with the use of high-risk medications

Inquire about postural hypotension

- Symptoms of lightheadedness or dizziness from lying to standing?
- Can assess for postural hypotension by measuring blood pressure from lying to standing

Reduce risk by recommending effective prevention strategies

- Educate patient on fall prevention
- Refer to community exercise or fall prevention program

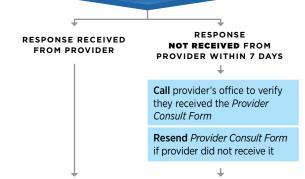
COORDINATE CARE with primary care or prescribing provider to reduce identified risk factors using effective interventions.

Share answers to three key questions and education provided to patient with the patient's provider using the *Provider Consult Form*

Share identified MTPs and recommendations with the patient's provider using the *Provider Consult Form*

• Medication information should include medication name, strength, dose, and frequency

Refer to provider for an evaluation of gait, strength, & balance using the *Provider Consult Form*



FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the patientprovider care plan and address barrier(s)





