FALLS RISK SCREENING
AND INTERVENTIONS CHECKLIST

NOVA SCOTIA

PATIENT_____ DATE_____ TIME_____

OPPORTUNISTIC SCREENING (completed at least once a year for all patients aged 65 and older)

		Notes
Have you had any falls in the past year?	☐ Yes ☐ No	
Do you feel unsteady when standing or walking?	☐ Yes ☐ No	
Are you worried about falling?	☐ Yes ☐ No	
Patient scored ≥ 4 on the Staying Independent Checklist (optional)?	☐ Yes ☐ No	

☐ The patient answered NO to all key questions. Therefore, I will proceed with ensuring the delivery of interventions for a person at LOW RISK for falls (see reverse side)

☐ The patient answered YES to any of the key questions. Therefore, I will proceed with screening for the following fall severity characteristics they might have had over the past year.

FALL SEVERITY SCREENING

		Notes
Injury requiring medical treatment?	☐ Yes ☐ **No**	
Recurrent falls (≥ 2 in the previous 12 months)?	☐ **Yes** ☐ **No**	
Does the patient seem frail?	☐ **Yes** ☐ **No**	
Lying on the floor/unable to get up (≥ 1 hour)?	☐ **Yes** ☐ **No**	
Loss of consciousness/suspected syncope?	☐ **Yes** ☐ **No**	

☐ One or more fall severity characteristics were present. Therefore, I will proceed with ensuring the delivery of interventions for a person at HIGH RISK for falls (see reverse side)

☐ NONE of the fall severity characteristics have been identified. Therefore, I will proceed with Mobility Screening

MOBILITY SCREENING

		Notes
Is the gait speed noticeably slow? *Can also be formally assessed as Gait Speed ≤ 0.8 m/s or TUG > 15s (see Mobility Screening Guidelines)	☐ **Yes** ☐ **No**	

☐ The patient has NO significant impairment with their gait. Therefore, I will proceed with ensuring the delivery of interventions for a person at LOW RISK for falls (see reverse side)

☐ The patient demonstrated or reported difficulties with their mobility. Therefore, I will proceed with ensuring the delivery of interventions for a person at INTERMEDIATE RISK for falls (see reverse side)

Based on the World guidelines for falls prevention and management for older adults: a global initiative, Age and Ageing, 2022 Sep 2;51(9):afac205 and the Summary of the updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons. J Am Geriatr Soc. 2011; 59 (1): 148-157.

Ensure the delivery of the following recommended interventions for patients at LOW, INTERMEDIATE and HIGH risk for falls. Use clinical judgement to determine the need to assess and manage additional modifiable fall risk factors.

PATIENT AT LOW RISK FOR FALLS

- ☐ Provide education on falls prevention (visit www.FindingBalanceNS.ca for fall prevention resources for Older Adults)
- ☐ Encourage uptake and adherence to the Canadian 24-Hour Movement Guidelines for Adults 65 years and older
- ☐ Reassess at least once yearly

PATIENT AT INTERMEDIATE RISK FOR FALLS

- ☐ Provide education on falls prevention (visit www.FindingBalanceNS.ca for fall prevention resources for Older Adults)
- ☐ Refer to individual or group exercise-based fall prevention program if available (e.g., Zoomers on the Go)
- ☐ Reassess at least once yearly

PATIENT AT HIGH RISK FOR FALLS

Consider developing a feasible individualized care plan that takes into consideration the priorities, beliefs, preferences, and resources of the older adult.

- ☐ Optimize the management of underlying acute and chronic medical issues
  Complete a physical exam and routine labs (including B12, Vit D and TSH levels)
- ☐ Complete a medication review to deprescribe fall-risk-increasing drugs
  Consider a referral to a pharmacist for a comprehensive medication review
- ☐ Check for orthostatic hypotension with lying and standing BP, and manage if present
  Defined as a systolic drop ≥ 20 mm Hg or diastolic drop ≥ 10 mm Hg
- ☐ Assess and manage concerns about falling with validated tool (e.g., Staying Confident Checklist)
  Consider a referral for occupational therapy and/or cognitive behavioural therapy
- ☐ Refer to an optometrist to assess and optimize vision
- ☐ Screen for osteoporosis and treat if present
- ☐ Refer for OT home safety assessment and modifications (e.g., EMP, outpatient or private)
- ☐ Provide education on falls prevention (visit www.FindingBalanceNS.ca for fall prevention resources for Older Adults)
- ☐ Refer to PT for gait aid assessment, and optimization of strength/balance (e.g., EMP, outpatient or private)
- ☐ Plan follow-up within 3 months to review the individualized care plan

For more fall prevention information and **resources for healthcare professionals, caregivers, and older adults**, visit the Finding Balance NS website at ***www.FindingBalanceNS.ca***

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