Please use I.D. label or block print

HOSPITAL NAME

FALLS RISK ASSESSMENT AND MANAGEMENT PLAN (FRAMP)

WARD____________________

DOCTOR____________________

SURNAME	UMRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
	TELEPHONE	

On this shift has the patient:
Been admitted or transferred from another ward; or
Had a fall; or
Medically deteriorated or improved?

NO to ALL → Confirm previously assessed interventions are in place as per Shift by Shift check on **page 3**.

YES to ANY ↓

Initial Screen ☐ Admitted ☐ Ward Transfer ☐ Post Fall ☐ Medical Condition Change ☐ Previous FRAMP full

Does the patient meet any of the following: *Circle Yes or No*

1. Had a fall in the past 12 months? YES / NO
2. Unsteady when walking/transferring or uses a walking aid? YES / NO
3. Confused, known cognitive impairment or incorrectly answers any of the following: Age, Date of birth, Current year and Place? YES / NO
4. Has urinary or faecal frequency/urgency or nocturia? YES / NO

Name:______________ Designation:________ Ward:________

Date:________ Time:________ Signature:________

Re-Screen 1 ☐ Ward Transfer ☐ Post Fall ☐ Medical Condition Change

Does the patient meet any of the following: *Circle Yes or No*

1. Had a fall in the past 12 months? YES / NO
2. Unsteady when walking/transferring or uses a walking aid? YES / NO
3. Confused, known cognitive impairment or incorrectly answers any of the following: Age, Date of birth, Current year and Place? YES / NO
4. Has urinary or faecal frequency/urgency or nocturia? YES / NO

Name:______________ Designation:________ Ward:________

Date:________ Time:________ Signature:________

Re-Screen 2 ☐ Ward Transfer ☐ Post Fall ☐ Medical Condition Change

Does the patient meet any of the following: *Circle Yes or No*

1. Had a fall in the past 12 months? YES / NO
2. Unsteady when walking/transferring or uses a walking aid? YES / NO
3. Confused, known cognitive impairment or incorrectly answers any of the following: Age, Date of birth, Current year and Place? YES / NO
4. Has urinary or faecal frequency/urgency or nocturia? YES / NO

Name:______________ Designation:________ Ward:________

Date:________ Time:________ Signature:________

YES to ANY
Patient is a FALLS RISK. Complete **pages 2, 3 and 4.**

NO to ALL
Complete **page 3** and check Minimum Interventions are in place.

MR XXX FALLS RISK ASSESSMENT AND MANAGEMENT PLAN (FRAMP)

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HOSPITAL NAME

FALLS RISK ASSESSMENT AND MANAGEMENT PLAN (FRAMP)

WARD____________________

DOCTOR____________________

SURNAME	UMRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
	TELEPHONE	

OTHER INDIVIDUALISED INTERVENTIONS

Document other individualised interventions below.

Interventions can be added by any member of the multidisciplinary team when discussed with the nurse in charge of care – e.g. Nurses, Allied Health, Medical Officer, Pharmacists

Name and Designation	Date	Intervention	Date actioned and by whom	Date ceased and by whom

COMMUNICATION AND INFORMATION TO PATIENTS AND CARERS

This section is for **patients identified at risk** of falls.

At each screen provide updated information about the risks for falling and plan care in partnership with patient and carer. If unable to discuss e.g. confused/low GCS and no carer, then tick unable.

	Date Discussed	Staff Member Name	Staff Member Signature	Whom Falls Risk Was Discussed With
Initial Screen	/ /			☐ Patient ☐ Carer ☐ Unable
Re-Screen 1	/ /			☐ Patient ☐ Carer ☐ Unable
Re-Screen 2	/ /			☐ Patient ☐ Carer ☐ Unable

Important Practice Points

These patients need particular care managing their falls risk.

- Patients on **anticoagulant, antiplatelet** therapy and/ or patients with a known **coagulopathy** are at an increased risk of intracranial haemorrhage from falls.
  -Alcohol dependent persons, people with liver disease and people with bleeding disorders are considered coagulopathic.
  NB. Refer to local post-fall management procedure for more information.
- Patients who are known to be **osteoporotic** or who have suffered low trauma fractures in the past are at increased risk of sustaining a fracture even from mild falls.
- Consider discussing with the team, vitamin D supplementation (Cholecalciferol 1000units/day) for those patients with longer lengths of stay, vitamin D level < 60nmol/L or whom reside in residential care.

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

DATE			
RISK ASSESSMENT and INDIVIDUALISED INTERVENTIONS	**Initial Screen**	**Re-Screen 1**	**Re-Screen 2**
MOBILITY RISKS Does the patient:	**If risk identified initial box**		
Require assistance with mobility/transfer?			
Have poor coordination, balance, gait or uncorrected visual impairment?			
FUNCTIONAL ABILITY RISKS			
Is the patient unsteady, disorganised or require assistance when attending to ADLs?			
INTERVENTIONS	*Initial if appropriate for patient*		
Assess, document and provide mobility aids and level of assistance required.			
Discuss and confirm with the patient what level of assistance they require (including mobility aids), and/or their need to call and wait for assistance.			
Refer to Physiotherapist for a comprehensive mobility assessment.			
Refer to Occupational Therapist (OT) for functional assessment.			
MEDICATIONS/MEDICAL CONDITION RISKS Some medications are associated with falls. Has the patient been prescribed:	**If risk identified initial box**		
-Psychoactive medication e.g. benzodiazepines, antipsychotics, antidepressants?			
-New or old medication that may affect their blood pressure?			
Does the patient take more than 5 medications of any sort?			
Does the patient report dizziness or presented following a fall/collapse?			
INTERVENTIONS	*Initial if appropriate for patient*		
Liaise with Medical Officer (MO) or Pharmacist for review of medication associated with falls.			
If reporting dizziness, check lying/standing blood pressure. If a postural drop >20mmHg systolic or >10mmHg diastolic present, discuss plan of care with MO.			
Educate patient to stand up slowly and wait until dizziness resolves before mobilising. If dizziness persists, discuss plan of care with MO.			
COGNITIVE STATE RISKS Does the patient have:	**If risk identified initial box**		
Previous delirium or known diagnosis of dementia?			
New or worsening memory impairment, confusion or disorientation?			
Drowsiness, is easily distracted, withdrawn or depressed?			
INTERVENTIONS	*Initial if appropriate for patient*		
Establish a baseline cognitive screen eg Abbreviated Mental Test (AMT).			
If result abnormal (e.g. AMT <8) refer to OT or MO for prompt review.			
Remain in attendance at all times when the patient is toileting or showering as this is a high risk activity for the patient.			
If agitated commence behaviour observation chart to assist behaviour management plan.			
Avoid use of bedrails due to climbing/entrapment risk and consider low-low bed.			
Set an alarm system in place to alert when patient is trying to get up unaided.			
Re-orientate patient and ask family to assist in orientating and settling patient.			
Increase frequency of patient checks to pro-actively attend to patient needs.			
CONTINENCE/ELIMINATION RISKS Does the patient:	**If risk identified initial box**		
Require assistance with toileting?			
Have constipation, urinary or faecal frequency/urgency or nocturia?			
INTERVENTIONS	*Initial if appropriate for patient*		
Monitor/record toileting needs to check frequency, retention or constipation. Use site specific documentation.			
Review toileting needs with patient daily including frequency, patients requirement for continence/ toileting aids and assistance required to access toilet facilities.			
Complete urinalysis. If abnormal, discuss with MO if MSU indicated.			
PATIENT REQUIRES INTERVENTIONS OTHER THAN ABOVE (SEE PAGE 4)			

HCHXXXXXXX

XXX
08/14

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HOSPITAL NAME	SURNAME	UMRN	
FALLS RISK ASSESSMENT AND MANAGEMENT PLAN (FRAMP)	GIVEN NAMES	DOB	GENDER
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DOCTOR		TELEPHONE	

MINIMUM INTERVENTIONS
To be implemented for ALL patients as appropriate

- Provide ongoing orientation for patient to bed area, toilet facilities and ward.
- Demonstrate the use of call bell, ensure it is in reach and that they can use it effectively.
- Ensure frequently used items including mobility aids are within easy reach of patient.
- Encourage patient to use their aids such as glasses or hearing aids.
- Adjust bed and chair to appropriate height for patient.
- Minimise prolonged bed-rest as it contributes to negative cardiovascular and muscle effects that may lead to falls.
- Place IV pole and all other devices/attachments on exit side of bed.
- Remove clutter and obstacles from room.
- Provide adequate lighting according to patient activities/needs.
- Encourage patient to take adequate fluids and nutrition.
- Optimise footwear where possible- discourage walking in socks/compression stockings or ill-fitting footwear. Bare feet (if there is no infection risk) and non-slip socks are acceptable.
- Educate that all inpatients are at increased risk of falling due to injury / illness / medications.

SHIFT BY SHIFT CHECK

If the patient has had a FALL or MEDICAL CONDITION CHANGE or WARD TRANSFER re-screen on page 1

Instructions:
Please date and initial below to confirm which interventions are implemented each shift.

	Date / /			Date / /			Date / /			Date / /			Date / /			Date / /			Date / /		
Week 1	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND
Minimum Interventions ONLY OR																					
Minimum AND Individualised Interventions																					
	Date / /			Date / /			Date / /			Date / /			Date / /			Date / /			Date / /		
Week 2	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND
Minimum Interventions ONLY OR																					
Minimum AND Individualised Interventions																					
	Date / /			Date / /			Date / /			Date / /			Date / /			Date / /			Date / /		
Week 3	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND
Minimum Interventions ONLY OR																					
Minimum AND Individualised Interventions																					
	Date / /			Date / /			Date / /			Date / /			Date / /			Date / /			Date / /		
Week 4	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND	AM	PM	ND
Minimum Interventions ONLY OR																					
Minimum AND Individualised Interventions																					