Assessment of resident with a fall: assessment for causes of the fall (intrinsic and extrinsic)

The goals of assessment of a resident with a fall are to identify:

1. Injuries resulting from the fall.
2. Causes of the fall (intrinsic and extrinsic).

Assessment for causes of the fall (intrinsic and extrinsic)

Falls in older persons are often the result of several predisposing factors placing residents at increased risk of falls and a precipitating factor, which may be intrinsic (related to an acute medical precipitant) or extrinsic (related to an environmental factor).

Type of contributor	Examples		Assessment
Intrinsic	**Acute medical condition**	Example include **infections (including COVID-19 or sepsis)**, acute exacerbations of chronic conditions, cardiac ischemia or abnormal cardiac rhythms, seizures	• Assess vital signs including, where appropriate, postural drop of blood pressure • History of any symptoms or examination findings suggestive of acute illness • Low threshold to test for COVID-19
	Cognitive impairment or delirium	Particularly impulsive behaviour, wandering, delirium	Screen for cognitive impairment using a validated tool. Where a resident has cognitive impairment, assess for impulsive behaviour, wandering, delirium
	Medication side effects		• Initiate residential medication management review (RMMR) to assess for medications that may contribute to falls such as sedatives, vasodilators, anticholinergic agents
	Chronic conditions	Parkinson disease	• Assess lying and standing BP for postural drop – where present GP to review antihypertensives, arrange compression stockings and consider increased sodium and water intake where clinically appropriate. If persists, consider introduction of fludrocortisone. • Assess motor symptoms and adjust Parkinson medications as indicated– refer to eTG neurology for guidance
		Postural hypotension	Measure lying and standing blood pressure – where postural drop, GP to review antihypertensives and correct dehydration via oral fluids, where clinically appropriate
		Urinary: **Urge incontinence** **Urinary frequency**	Continence advisor to review and assess contributors – examples of interventions may include provision of a commode at night time, wearing of incontinence pads or review of timing of diuretic medications
		Vertigo	GP to assess and where consistent with potential BPPV, arrange review by vestibular physiotherapist
		Vision and / or hearing impairment	Assess residents with recurrent falls for unaddressed impairment of vision and / or hearing
	Frailty		Assess for frailty using a validated tool
Extrinsic	**Environmental hazards**	Lighting	Assess lighting in area of fall to ensure adequacy
		Clutter	Did clutter contribute to fall?
		Flooring	Is flooring uneven or slippery?
		Height of bed, chairs or toilets	Assess height of implement from which resident fell relative to resident needs
	Unsafe equipment	Walking aids	Are walking aids in good condition and appropriate to needs of resident?
	Unsafe personal care items	Footwear	Assess footwear for fit and appropriateness