

Acute Assessment of Falls



LOC
Injuries



ADMIT

Up to 40% patients >65 years will fall each year, rises to 50% for those in long term care
Around 60% patients with a history of fall the previous year will have a subsequent fall

Don't forget a collateral history!

Intrinsic risk factors		Extrinsic risk factors	
Advanced age	Arthritis	Dim lighting	Uneven surfaces
Previous falls	Previous stroke		
Poor vision	Cognitive impairment	Walking aids	Inappropriate footwear
Continence issues	Vasoactive drugs	Vasoactive medications	Cluttered environment
Postural hypotension	Fear of falling	Obstacles	Lack of handrails

Remember that falling is a frailty syndrome and that other illnesses e.g. infection may present in the older adult with a fall

Could this be due to a cardiac problem?



ECG and
Lying/standing BP
Telemetry (if LOC)
Consider Troponins/Echo
(if indicated)



Vasovagal syncope
Postural hypotension
Cardiac dysrhythmia

Could this be due to a neurological problem?



Check
power/sensation
Gait assessment
CT Brain (if indicated)



Parkinsonism
Cervical myelopathy
BPPV
Epilepsy
Stroke

Are they on any commonly implicated drugs?

Review ECS



Antihypertensives
Parkinsons Drugs
Antiepileptics
Anticholinergics
Sedatives and hypnotics

Could this be a hypo?

Check BG



Patients with diabetes especially on insulin

Are there any electrolyte abnormalities?



Check U+Es,
Calcium, FBC, B12
and folate