Falls pathway for the elderly (over 65) for GP practices

1. Recent fall in the last 6-12 months
   - Record falls and bone health history and Read Code each fall 16D
   - Perform clinical examination

2. No falls in the last 6-12 months
   - Patient leaflets and documents relating to this pathway

3. Routine enquiry about falls in last 6-12 months

4. Recent fall in the last 6-12 months
   - Patient leaflets and documents relating to this pathway

5. No falls in the last 6-12 months

6. Perform type 3 medication review
   - Perform basic laboratory tests
   - Confirm differential diagnosis

7. Primary care management
   - Routine enquiry about falls in last 6-12 months
   - Creative specialist assessment
   - Integrated Falls Service
   - Refer to physiotherapy
   - Assess for loss of confidence

8. Secondary care management
   - Routine enquiry about falls in last 6-12 months
   - Consider referral to appropriate specialty
   - Integrated Falls Service
   - Refer to physiotherapy
   - Assess for loss of confidence

9. Established diagnosis with abnormal gait and balance
   - Confirm differential diagnosis
   - Consider referral to appropriate specialty
   - Integrated Falls Service
   - Refer to Therapy Services
   - Routine enquiry about falls in last 6-12 months

10. Single explained fall with normal gait and balance
    - Assess for loss of confidence
    - Routine enquiry about falls in last 6-12 months

11. Assess for loss of confidence
    - Routine enquiry about falls in last 6-12 months

12. Primary Care review
    - Routine enquiry about falls in last 6-12 months

13. Loss of confidence
    - No loss of confidence

14. No improvement in condition
    - Condition improves

15. Condition improves
    - Routine enquiry about falls in last 6-12 months

16. No improvement in condition
    - Routine enquiry about falls in last 6-12 months

17. Primary Care review
    - Routine enquiry about falls in last 6-12 months

18. Integrated Falls Service
    - Routine enquiry about falls in last 6-12 months

19. Routine enquiry about falls in last 6-12 months

20. Go to Falls related to postural change

21. If postural drop identified see related pathways

22. Condition improves
1  Falls pathway for the elderly (over 65) for GP practices

Quick info:
Scope:
• This pathway deals with the management of falls in adults over 65
Definition:
• Unintentionally coming to rest on the ground, floor or other lower level
• Patient may present with a fall or mention a previous fall during a routine check-up
Risk factors for falls:
• Increasing age
• Muscle weakness
• Abnormality of gait or balance
• Poor eyesight
• Drug therapy – hypnotics, sedatives, diuretics, antihypertensives, psychoactive drugs (including antidepressants), oxybutynin and Tolterodine
• Neurological disease, eg. Parkinson's disease, stroke
• Cognitive impairment
• Cardiovascular problems, eg. orthostatic hypotension, carotid sinus hypersensitivity, vasovagal syncope
• Foot problems, arthritis
• Home environment, eg. loose or slippery floor covering
• Alcohol

Local administrative info:
Nice Guidelines - Falls - assessment and prevention
Plymouth | 25-Jul-2013

2  Patient leaflets and documents relating to this pathway

Quick info:
Please see local info tab for patient information.
If there is no local info tab at the top of this box there is no patient information attached at this time.

Local administrative info:
Age UK
National Osteoporosis Society
Prevention of Falls in the Elderly - patient.co.uk
Plymouth | 25-Jul-2013

3  Recent fall in the last 6-12 months

Quick info:
Practices may receive notification of falls from a variety of sources including:
• Patients or carers
• Health and Social Care teams
• SWAST
• Other services
Falls pathway for the elderly (over 65) for GP practices

4 Routine enquiry about falls in last 6-12 months

Quick info:
Routinely enquire about falls at any interface with health and social care professional.

5 Record falls and bone health history and Read Code each fall 16D

Quick info:
- Read Code each fall 16D
- For recurrent complex falls with known diagnosis and no new risk factors, code 16D1
Assess for:
- Activity at time of fall
- Where and when (especially time of day)
- Prodromal symptoms (light headed, dizziness, headaches, chest pain, palpitations, visual disturbance)
- Blackout or loss of consciousness at time of fall
- Does patient remember hitting ground – if not, consider syncope
- Circumstances of previous falls including:
  - any history of fragility fracture (any fracture sustained following a fall from standing height) – if so consider treatment for osteoporosis
- Consider bone mineral density measurement (DEXA) or starting treatment for bone health protection if:
  - History of fragility fracture (any fracture sustained following a fall from standing height)
  - Taking any dose of oral steroid [e.g prednisolone]
- Features to suggest epilepsy (tongue biting, incontinence)
- Change in vision (bifocals/ varifocals) or blindness
- Sensory symptoms
- Cognitive impairment, dementia
- Recent change in medications:
  - Always ask about over the counter medication and herbal preparations
  - Drugs, especially:
    - vasodilators and antihypertensives
    - diuretics
    - oxybutynin and tolterodine
    - sedatives and hypnotics
    - psychoactive drugs (including antidepressants)
    - alcohol
    - drugs for urinary retention and incontinence
    - polypharmacy (four or more medications), interactions
    - compliance

This list is intended as a guide and is not exhaustive

Local administrative info:
NICE Guidelines - Falls - assessment and prevention
Osteoporosis Resources for Primary Care
Plymouth | 25-Jul-2013

6 No falls in the last 6-12 months

Quick info:
Research has shown that between 50%-70% of older adults fear falling, despite never having fallen. This may reduce their confidence and therefore impact their ability to function normally.

7 Perform clinical examination

Quick info:
- Pulse (rate and rhythm)
- Respiration
- Lying and standing blood pressure (BP)
- Measuring postural drop:
  - lie patient flat for 5 minutes (in silence) then take BP
  - stand patient then take blood pressure and repeat at 3 minutes
  - orthostatic hypotension fall in systolic BP (SBP) of more than 20mmHg,
- Heart murmur
- Mini mental test score (abbreviated)
- Visual acuity, visual loss, confirm patient is having regular (yearly) eye tests
- Weight
- Height
- BMI
- Sensory and motor neurological assessment:
  - Consider stroke/TIA, dementia, peripheral neuropathy, Parkinson's disease and other neurological conditions
- Gait and balance examination:
  - assess gait - steadiness, broadbased, ataxic, shuffling, stamping
  - assess balance - patient safe mobilising with walking aids?, ability to walk and talk?, furniture walking?, able to stand unsupported?
- Patient unable to get up from chair of knee height without using hands?
- Footwear advice

9 Perform type 3 medication review

Quick info:
- Recent change in medication?
- Always ask about over the counter medication and herbal preparations
- Consider culprit medication that may increase falls risk including:
  - vasodilators and anti-hypertensives
  - diuretics
  - oxybutynin and tolterodine
  - sedatives and hypnotics
  - psycho active drugs (including anti-depressants)
  - alcohol
  - drugs for urinary retention and incontinence
- Polypharmacy (four or more medications), interactions
- Compliance

This list is intended as a guide and is not exhaustive.
- Check prescription request history
- Check patient's dexterity re packaging
- Check compliance

NPC - A guide to medication review 2008
Falls pathway for the elderly (over 65) for GP practices

Local administrative info:
NPC - A Guide to Medication Review
Plymouth | 25-Jul-2013

10 Perform basic laboratory tests

Quick info:
- Blood glucose
- Full blood count, urea and electrolytes, thyroid function tests
- Urinalysis (including MC and S)
- Electrocardiogram (ECG)
- Liver function
- Bone profile
- Vitamin B12
- Folate

12 Primary care management

Quick info:
- Diagnose and treat any underlying medical conditions that may increase falls risk
- Medicines reconciliation?
- Refer on, as appropriate, if unable to resolve in primary care

13 Secondary Care management

Quick info:
- Recurrent unexplained Fall(s) in the last year
- Abnormality of gait and balance
- Patients who present for medical attention because of a Fall

14 Established diagnosis with abnormal gait and balance

Quick info:
Consider the following:-
- PD clinic
- Stroke neurorehab
- Neurorehab via PD service
- Community Therapy Team/Reablement
- Memory service - severe cognitively impaired

16 Assess for loss of confidence

Quick info:
Ask if confidence lost due to fall(s) and if lifestyle is impacted due to this loss of confidence.

17 Routine enquiry about falls in last 6-12 months
Falls pathway for the elderly (over 65) for GP practices

Quick info:
Routinely enquire about falls at any interface with health and social care professional.

18 Consider referral to appropriate specialty

Quick info:
Appropriate specialties may include:
• Cardiology
• ENT
• MSK
• Neurology

19 Integrated Falls Service

Quick info:
See "local info" tab for link to Integrated Falls Service referral form

20 Refer to physiotherapy

Quick info:
See "local info" tab for local referral forms

Local administrative info:
GP and other health and social care professionals can refer into our service.
Community Therapy Team
Referrals must be completed on appropriate Community Therapy Team referral forms and faxed to Devon Docs on 01392 823564. Referrals are also accepted verbally over the phone on 01392 269461.
Our referral form is used to refer to both the Community Team and the Therapy Unit (Out-patient) based at Mount Gould Hospital. Required information when making a referral:
• Patient’s personal details
• GP details
• Referrer details
• A clear diagnosis and current history
• Past medical history and medication (if available)
• Outlined rehab need and reason for referral
• A completed risk assessment (on page 2 of referral form)
• Information regarding urgency.
If the above is not completed, referrals will be returned to the referrer. Please note that patients will automatically be offered an Outpatient appointment unless there is a clear need for home assessment and treatment.
Plymouth | 05-Aug-2013

24 Condition improves

Quick info:
Discharge back to primary care

25 Refer to Therapy Services

Quick info:
See "local info" tab for further referral information

Local administrative info:
GP and other Health and Social Care professionals can refer into our service.

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If the above is not completed, referrals will be returned to the referrer.
Please note that patients will automatically be offered an Outpatient appointment unless there is a clear need for home assessment and treatment.

Plymouth | 05-Aug-2013

26 Routine enquiry about falls in last 6-12 months
Quick info:
Routinely enquire about falls at any interface with health and social care professional.

27 Primary Care review
Quick info:
If there is a diagnostic doubt about falls consider referral to Integrated Falls Clinic.
Key Dates
Published: 07-Aug-2013, by Plymouth
Valid until: 31-Jul-2015

References
This is a list of all the references that have passed critical appraisal for use in the care map Falls in the elderly (over 65)

<table>
<thead>
<tr>
<th>ID</th>
<th>Reference</th>
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<tbody>
<tr>
<td>2</td>
<td>Contributors representing the Royal College of Physicians (RCP). 2011.</td>
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