

Falls risk factor present	Suggested referral options and interventions
History of Falls ( Review incident(s), identifying precipitating factors)	<ul style="list-style-type: none"> <li>Refer to GP, nurse, physiotherapist, occupational therapist as appropriate.</li> <li>Refer for personal alarm and/or hip protectors.</li> <li>Consider referral to a specialist falls assessment service where there is a complex interaction of risk factors, or unexplained, multiple falls or falls continuing despite local actions</li> </ul>
Dizziness Blackout Postural Hypotension	<ul style="list-style-type: none"> <li>GP review with onward referral where indicated</li> <li>Onward referral by the GP for investigations to out-rule cardiovascular disorders should be considered in older persons who present with transient loss of consciousness with amnesia or transient hypotensive episodes or where heart rate or rhythm abnormalities are detected on clinical examination.</li> </ul>
Gait / Balance/Strength Impairment	<ul style="list-style-type: none"> <li>Refer to physiotherapist for gait, balance and strength rehabilitation</li> <li>Exercise may be performed in groups or as individual (home) exercises, as both are effective in preventing falls.</li> <li>Exercise programmes should take into account the physical capabilities and health profile of the older person, (i.e. be tailored) and be prescribed by qualified health professionals or fitness instructors.</li> <li>The exercise programme should include regular review, progression and adjustment of the exercise prescription as appropriate.</li> <li>Initiating exercise programmes with patients who have limited mobility and are not used to exercising should be done with caution as some studies have shown that exercise may increase the rate of falls in this population.</li> </ul>
Difficulty with activities of daily living (A.D.L.s)	<ul style="list-style-type: none"> <li>Refer to occupational therapist (OT) for review of A.D.L.s / prescription of assistive equipment as appropriate</li> <li>Refer to physiotherapist for walking aid assessment where indicated</li> <li>Ensure assistive devices are in good working condition and provide education on correct use of assistive devices (if indicated).</li> </ul>
Fear of Falling	<ul style="list-style-type: none"> <li>Discuss fear of falling &amp; realistic preventative measures</li> <li>Refer to PT/OT where appropriate</li> <li>Refer to psychologist where appropriate</li> </ul>
Home Safety Concerns	<ul style="list-style-type: none"> <li>Refer to occupational therapist (OT) for review of A.D.L.s , prescription of assistive equipment or home modifications as appropriate</li> <li>Intervention should include mitigation of identified hazards in the home, and evaluation and interventions to promote the safe performance of daily activities.</li> </ul>
Cognitive Function	Refer to GP +/- OT for detailed cognitive assessment with onward referral to specialist where indicated
Urinary Incontinence	Refer to GP, nursing, physiotherapist or occupational therapist as appropriate. Management of urinary incontinence as appropriate
Foot Problems and Footwear	<ul style="list-style-type: none"> <li>Refer to chiropodist/ podiatrist / physiotherapist as appropriate</li> <li>Treatment of foot problems</li> <li>Footwear Advice - Older people should be advised that walking with shoes with low heel height and high surface contact area may reduce the risk of falls</li> </ul>

National Care of the Elderly and Primary Care Clinical Programmes – November 2012

REFERENCE: HSE, Dept. of Health and Children (2008) 'Strategy to Prevent Falls and Fractures in Ireland's Ageing Population'. National Council on Aging and Older People, Report of the National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout life. Available from [www.hse.ie](http://www.hse.ie).

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Mood	Refer to GP or Psychologist as appropriate	
Nutrition	<ul style="list-style-type: none"> <li>GP review</li> <li>Refer to dietician</li> </ul>	
Bone Health	Refer to GP, physiotherapist or dietician as appropriate. Refer for bone mineral density testing Management of osteopenia /osteoporosis as appropriate	
Neurological Disorders	Physiotherapy Assessment and treatment as appropriate GP review with referral to neurologist where indicated	
Drug History	On 4 or more medication	Consider referral to GP/Pharmacist for review of all medications & dosage - consider withdrawal or minimisation (Appendix 8)
	On psycho-active medications or other culprit medications	Refer to GP for review of psychoactive medications or other culprit medication (e.g. class 1a antiarrhythmic medications, digoxin, diuretics) - consider withdrawal or minimisation with appropriate tapering if indicated (Appendix 8)
	Determine if the client is able to manage their medications safely.	
Visual Related Problems	<ul style="list-style-type: none"> <li>GP review</li> <li>Refer to optician</li> <li>Refer to occupational therapist for home safety assessment</li> <li>Treatment of remediable abnormalities, particularly cataracts.</li> <li>An older person should be advised not to wear multifocal lenses while walking, particularly on stairs.</li> </ul>	