East Lancashire Hospitals NHS
NHS Trust

[2] Falls Care Plan

Hospital No:	DOB:
First Name:	M/F
Last Name:	Religion
Address:	GP
NHS No:	

Supporting Evidence:

ELHT C078 – Slips, Trips and Falls Policy
Falls Prevention Guidance – located on OLI- Clinical information – Falls prevention

Care plan initiated by and date started:

Ward:

Problem	Aim	Action Plan	Care Plan Reviewed	Staff Signature
.... **Admitted to hospital, and as a patient over the age of 18, requires Falls Risk Assessment tool (FRAT – stage 1)**	To ensure appropriate risk assessments are carried out to support identifying patients at risk of falls. Adherence to the Falls Risk Prevention Guidance: • FRAT (stage 1) to be completed within 12 hours of admission. • Stage 2, implemented as per guidance and reviewed weekly or a new multifactorial risk assessment on change of	SAFE • Completion of the Falls Risk Assessment Tool (FRAT – stage 1) within 12 hours of admission. • Following completion of the (FRAT-stage 1) completes the stage 2 document; Adult Multifactorial risk assessment to identify falls risk factors and implement appropriate actions to reduce these risk factors. • Ensure appropriate communication methods are in place for all members of the multi-disciplinary team to be aware of the patients fall's risk, and the actions being taken to reduce the patients fall's risk. PERSONAL • Individualised care plan to be reviewed weekly during admission or a new Adult Multifactorial risk assessment is completed on change of location, change in the patient's medical		

	patient location, change in the patient's medical condition or following an inpatient fall.	condition or following an inpatient fall. • To refer to the Acute Falls Prevention Lead for advice/support if the person is felt at high risk of falls, had more than 1 inpatient fall or a fall resulting in injury. EFFECTIVE • Referral to the Acute Falls prevention Lead, should further advice or support be required or the person is highlighted as a significant risk • Ensure monthly audit is completed. INDIVIDUAL NEEDS		