FALLS RISK ASSESSMENT AND MANAGEMENT PLAN (FRAMP)

Following completion of the Falls Risk Screen, implement the appropriate action/s for the identified falls risk factors

Complete on: Admission (A), Post Fall (PF), Change of Condition (CC), or When Appropriate (W)

Risk factors and actions implemented
Initial and date action if patient has any of these risk factors

1. History of Falls
   Obtain details about previous fall in the last 6 months (medical record, family/carer)

   ACTION:
   Patient describes: loss of consciousness, syncope, blackout, seizures, osteoporosis (bone health). Refer to Medical Team for review
   Does the patient have postural hypotension? Refer to Medical team for review

   Additional Comments:

2. Mental Status
   If this patient is confused, disoriented, agitated or depressed

   ACTION:
   Conduct or refer for a cognitive screen (e.g. AMTS, SIS, MMSE, RUDAS)
   Consider delirium. Complete or refer for a Confusion Assessment Method (CAM)
   Identify possible causes for delirium (e.g. sepsis, pain, constipation, urinary retention, medication related or infection). Refer to Medical Team for review
   Implement a Delirium Care Pathway (as per LHD protocol)
   Commence communication plan with family/carers (e.g. Top 5)
   Patient requires increased observation (avoid use of bed rails)
   Patient with confusion NOT to be left alone during planned toileting/showering
   Locate patient near nurses’ station if possible or co-locate to ‘high risk’ room
   Consider behavioural chart if patient’s behaviour is disruptive/unsafe
   Provide bed at appropriate patient height and/or floor bed at lowest level
   □ lo-lo bed □ hi-lo bed
   Provide bed/chair alarm (if available/appropriate)
   Refer to Allied Health/Medical Team for review (if available/appropriate)

   Additional Comments:

3. Vision
   If the patient has visual impairment (e.g. cataract, glaucoma, macular degeneration)

   ACTION:
   Ensure easy access to bathroom and toilet
   Direct patient to seek assistance when mobilising
   Ensure adequate night lighting in ward (e.g. leave toilet light on at night)
   Refer to Allied Health/Medical Team for review (e.g. if appropriate/available)

   Additional Comments:
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**Risk factors and actions implemented**  
Initial and date action if patient has any of these risk factors

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<tr>
<th>Risk Factor</th>
<th>Action</th>
<th>Additional Comments</th>
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| **4. Toileting**  
If the patient has confusion, urinary or faecal frequency, incontinence, urgency, nocturia or other toileting issues  
**ACTION:** | Provide patient with individualised (supervision/assistance) toileting plan (e.g. regular toileting, rounding) and document in care plan |  |
| Patient to be always supervised when mobilising to the toilet/bathroom  
Patient to be supervised in toilet/bathroom  
Refer to Continence nurse and/or Allied Health review (if available) | |  |
| **5. Transfer/Mobility**  
If the patient has issues that affect balance/mobility/transfer that require assistance/equipment or safe footwear  
**ACTION:** | Referral to Physiotherapist for mobility assessment and mobility plan (if available)  
Referral to Occupational Therapist for functional assessment (if available)  
Provide patient with equipment to assist mobility/transfer/self care  
Provide patient with assistance/supervision to mobilise to the bathroom  
Provide patient with assistance for personal care  
Ensure patient has access to non-slip footwear (e.g. shoes, non-slip socks) |  |
| **6. Medications**  
If the patient is taking antipsychotics, antidepressants, sedatives/hypnotics, or opioids | Refer to treating Medical Officer for medication review |  |

**Place Falls Sticker on Care Plan and patient health record** to alert staff and on documentation when transferring in hospital (e.g. x-ray, pathology)  
All appropriate actions are identified and implemented  
**Falls risk discussed and intervention developed in partnership with patient/family/carer & resource information provided**  
**Comments:**

**Staff member attending to the assessment/action plan**

Name:  
Name:  
Name:  
Designation:  
Designation:  
Designation:  
Signature:  
Signature:  
Signature:  
Flag and communicate falls risk status and interventions in place at each clinical handover