Essex County Council
Adult Social Care

Prosper

Residents name:	Date of birth:	Unit:

Falls Checklist – Are these in place??	Was everything ok? yes / no	What actions did you have to take??	Is any further action needed – i.e. referral to dietician / GP?
Glasses are clean, their own and the latest prescription			
Wearing the appropriate footwear, snug fitting, good grip on the bottom, secured (Velcro or other)			
Wearing their hearing aid and their latest prescription			
Consider medical conditions			
Check whether their medication need to be reviewed			
Check whether they have had anything to eat and encourage drinking, any change in weight or appetite			
Check whether they slept well during the night, or sleeping too much during the day			
Check whether they have any walking aids and whether they are nearby			
Ferrells are not worn, feet are not bent, walking frame is steady			
Check if the clothing is correct size (trousers not too long)			
Check for trip hazards – flooring secured, space around furniture, thresholds are as small as possible, able to see edge of steps			
Check for good lighting in corridors / bedroom and able to turn lights on if needed			
Able to reach alarm / unable to recognise alarm			
Length of time sitting vs length of time in activity			
Stumbling / tripping with no obvious hazard / shuffling when walking			

Date :	Next Review Due: