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## Appendix

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### **Fall risk assessment tools - validity considerations and a recommended approach**

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## HOSPITAL FALL ASSESSMENT PROCESS

### *Emergency Department OR Outpatient Clinics*

#### **STEP 1: Screening**

Ask the following 3 questions:

1. Unsteady when standing / walking?
2. Worry about falling?
3. Falls in the past year?

If YES:

- How many times?
- Any injuries from fall?

If YES to any of the above questions = Fall Risk

#### **STEP 2: Assessment**

If fall risk is identified, inform clinician to assess the fall risk  
Check for orthostatic hypotension

#### **STEP 3: Intervention**

Consider referral to Primary Care for assessment and follow-up  
Consider referral to Physiotherapy if unsteady gait

Follow Up:

Reassess fall risk at each clinical encounter

### *Hospital Inpatient*

#### **STEP 1: Screening**

Review fall risk screening for patients admitted via Emergency Department or Outpatient Clinics

#### **STEP 2: Assessment**

For patients at fall risk OR aged 65 years and older:

Check for orthostatic hypotension

Fall Risk Factor Assessment and Management (Table 2)

Get Up and Go Test – assess patient during transfer into ward

#### **STEP 3: Intervention**

Apply Universal Fall Precautions

For each fall risk factor identified, provide interventions towards a comprehensive fall prevention care plan (Table 2)

Consider referral to allied health professionals (if appropriate)  
(Example: Physiotherapy, Occupational Therapy, Podiatry)

Consider referral for specialty assessment (if appropriate)  
(Example: Geriatric Medicine, Neurology, Ophthalmology)

Follow Up:

Reassess fall risk weekly, change in clinical condition, transfer to different ward or after a fall