

OLDER PERSONS TRAUMA SERVICE FALLS & BONE HEALTH ASSESSMENT

Orthopaedic Consultant _____

Date _____ Seen by _____

Injuries sustained: _____

Operation : _____

Date: _____ WBS _____ Post op: _____

Date of admission _____

Admitted from : _____ Age _____

Attach label

Operation performed within 24hrs? **yes/no** – if no state reason for delay _____
48 hrs? **yes/no** – if no state reason for delay _____

HISTORY OF INDEX FALL 1st fall? YES / NO .

Date of fall		Time of day		Location		Inside/outside	
Memory of fall?	Yes / No	Dizziness?	Yes / No	Palpitations?	Yes / No	LOC?	Yes / No
Activity at time of fall / explanation of fall							

Number of other falls in previous year? ☐ Please give details: _____

Past Medical History [please tick all which apply AND give details below with dates.]

Heart disease		Cancer		Cognitive impairment		
Stroke		Thyroid disease		Depression		
PD		Hyperparathyroidism		Syncope		
COPD/Asthma		Joint disease		Epilepsy		
Hypertension		Visual impairment		Incontinence		
Diabetes		Hearing impairment		Smokes? [How many /day]		
Osteoporosis		Previous fragility #		Alcohol intake? [Units/wk]		
Details of PMH		Date		Medication ON ADMISSION	Dose	Frequenc

Social history [please tick as appropriate]

House		Bungalow		WAF		Flat		Floor?		Lift?		Bed upstairs	
RH		EMI RH		NH		EMI NH		Stairs		Stair lift?		Bed downstairs	

Lives with

Alone		Husband/wife/partner		Other – specify >>	
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Details of POC _____

Details of family support _____

Other agencies involved [contact name please]

DN		CPN		Other [specify]	
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PREVIOUS ability

Mobility	In & outdoor		Managing stairs		Indoor only		Wheelchair	
Transfers	Independent		With frame		With hoist		POC assist	
Walking aid	None		Stick [1 or 2]		ZF / Rolator		EC [1 or 2]	
Social Tasks	Independent		Assistance given		Coping		Not coping	
Urinary continence	fully		Stress / Urge		LTC		Incontinent	
Bowel habit	Continent		Incontinent					
Cognition	fully orientated		sl. muddled		mod. confusion		Severe confusion	
Wash/dress	Independant		Spouse to assist		POC to assist		RH/NH assist	

POST OP ability.

Transfer	Hoist / bedrest / rotunda		Trans 2 +ZF		Trans 1 + ZF		Independent		Not trans –why?
Mobility	Hoist / bedrest		ZF +2		ZF + 1 / Crutches		How far?	m	Not mobilized- why?
Urinary continence	Continent		stress		LTC		Incontinent		
Bowel habit	Continent		Incontinent						

Other comments:- _____

Falls Risk Factors – please tick all that apply:

Orthostatic Hypertension		Syncope		Gait/balance probs Stroke/ PD etc..		Environment / footwear		Impaired Cognition/ depression	
Hearing Impairment		Polypharmacy [4or more meds]		Joint Disease		Visual Impairment		Other – (Specify)	

Culprit medications [pls list] : _____

Osteoporosis + hip # risk factors - please tick all that apply:

Previous fragility #		Current or planned long term steroid use		Early natural menopause /oophorectomy < 45yrs		hysterectomy < 45yrs		family history of osteoporosis		Liver / thyroid disease	
alcoholism		BMI< 19kg/m2		smoking		RA		Low testosterone			

PRE-OP Assessment: Include abnormal investigations / other symptoms on systemic review

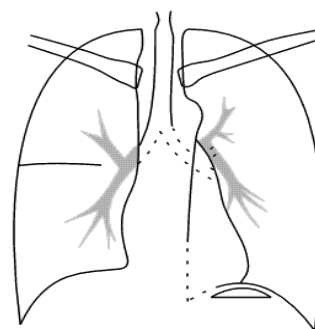
Pre Op ECG = _____

On examination:

MTS O/A= Barthel = Waterlow =

BP: ____/____ Pulse: Temp: O2 Sats:

CXR



Comments _____

Pre OP Bloods:

Impression:

Cause of fall	Unexplained	Slip / trip / environmental	Syncope/ collapse?cause	Multifactorial
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..... = Consultant / SpR / Staff Grade
[Physician in Medicine for Older People]

Date

POST-OP ASSESSMENT:

Post-Op ECG _____

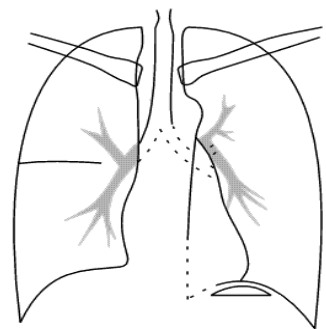
On examination:

Current MTS= Barthel = Bowels Last Open:

Lying and Standing BP / → / ↑

Pulse: Temp: O2 Sats:

CXR



Comments _____

Post Op Bloods:

Impression:

Action plan:

<u>Treatment</u>	O/A	DIS		O/A	DIS		O/A	DIS		
Calcium & Vit. D			Hip protectors			Bisphosphonate			Other [specify]	

1	Staying steady [age concern] leaflet	
2	Healthy bones [age concern] leaflet	

Follow up

Rehab.@		Community Physio		Podiatry	
.....Day Hospital for medical rv &/or falls assessment		Other specialty [specify]		Audiology	
Social services for POC/ PLACEMENT		Community Rehab. Team		DXA scan [form sent]	
Acute Medicine for Older People		GP Step-down @		Clexane on dis 5/52	

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Date