

STEADY tool

Measure 'Fear of Falling'

Over confident 0 ←————→ 10

Very anxious of falling

Risk Factors (THINK STEADY)	Document any problems identified below	If the resident has any red flag signs, please make sure that they are seen by a Dr or Nurse to look into this problem as soon as possible.	Document what action you are taking to reduce the risk. Check that this is happening and make everyone aware of their responsibilities too.
<p>S is for:</p> <p>Slippers, shoes and feet need to be in good condition.</p> <p>Look in the falls prevention toolkit for more information on good footwear</p>	<p>E.g. Wears slip on (slip off!) slippers</p> <p><i>Mrs X has good footwear but likes to walk around bare foot.</i></p> <p><i>Has long toe nails which are too thick for staff to cut.</i></p>	<p>Encourage to wear safe footwear with firm sides all around and non slip soles.</p> <p>Provide basic foot care (which can include cutting toe nails if you have been trained to do so as not all residents need a podiatrist)</p> <p>CAREMART offers a low cost toe nail cutting service available East Lancs wide on 0800 6125896</p> <p>If the resident has sores or blackened areas on feet, inform the Dr and refer to the podiatrist.</p> <p>Podiatry Forms available via GP/ Health Centre receptions or Podiatry Dept.</p>	<p><i>Mrs X informed that she is risking injuring feet if she continues to walk around bare foot and has agreed to wear footwear.</i></p> <p><i>Mrs X has been referred to the podiatrist today (1/1/11)</i></p> <p><i>Mrs X seen by podiatrist 10/10/11 and toe nails cut. Will be seen again in 2 months.</i></p> <p><i>Use the foot powder provided after washing feet daily.</i></p>
<p>T is for:</p> <p>Tablets, medicines and alcohol can increased a person's risk of falling.</p> <p>Some types of medicines cause more risks than others eg Sleeping tablets</p>	<p>E.g. Takes 8 kinds of tablets including sleeping tablets.</p> <p><i>Mrs X takes 7 different medicines but no sleeping tablets</i></p>	<p>Check that medicines are being taken correctly. Has prescription been reviewed recently? If not, ask the GP to review or refer to Community Pharmacist or Medicines Management Service.</p> <p>If your resident complains of dizziness at any time (e.g. on standing), encourage them to take their time when they stand up and make sure that their Dr or Nurse is aware of this problem as they may need to be seen by a specialist. Do a lying and standing blood pressure first thing in the morning if you are able.</p>	<p><i>Mrs X has been seen by the medicines management team 1/1/11 and they will review her tablets 6 monthly.</i></p> <p><i>They have suggested Vit D and Calcium to help improve her bone strength and prevent fractures as she is high risk of falls</i></p> <p><i>Need to discuss with Dr when he visits 20/1/11</i></p>

<p>E is for:</p> <p>Environment and lighting needs to be extra tidy and bright for older people to get around safely</p>	<p>E.g. lots of patterns on carpets and furniture and lots of shadows in the home.</p> <p><i>Mrs X tends to be untidy in her bedroom. Likes to leave the bed side lamp on overnight</i></p>	<p>Encourage all staff, residents and visitors to keep your home tidy.</p> <p>Position chairs against firm surfaces if possible so that they are more stable.</p> <p>Give residents enough room to manoeuvre their walking aids around the home and make sure they use them correctly.</p> <p>Keep bright lights on in the toilet areas and walkways.</p>	<p><i>Remind Mrs X to keep tidy and help her to put things away after use.</i></p> <p><i>Make sure her walking frame is within easy reach at all times and encourage her to use it properly.</i></p>
<p>A is for:</p> <p>Activity and exercise is important to prevent mobility and general health from deteriorating.</p>	<p>E.g. Resident is not engaging in activity.</p> <p><i>Mrs X used to like reading but struggles to concentrate now.</i></p> <p><i>Enjoys bingo, games and watching Coronation St</i></p>	<p>Find out what your resident enjoys doing and make their activities relevant to them by having a personal "activity box" with their own special items in. Encourage them to be active in their own way.</p> <p>Can you make the home more active for all residents e.g. do some simple chair based exercises that everyone can join in with or a sing-along to exercise the lungs!</p> <p>If your resident seems low in mood, this may be due to depression which can be treated, so let the Dr know.</p>	<p><i>Take Mrs X into dining room for afternoon activities and encourage her to join in gentle exercises to keep her joints supple.</i></p> <p><i>Encourage her to walk around regularly to keep legs strong.</i></p> <p><i>Ask relatives to read to her or play a game from her activity box.</i></p> <p><i>Make sure she can see TV for Coronation St.</i></p>
<p>D is for:</p> <p>Does your resident fall?</p> <p>How many times have they fallen in the past 12 months and where did they occur?</p>	<p>E.g. the resident is very unsteady but doesn't remember to wait for assistance.</p> <p><i>Mrs X has had 4 falls in the past 12 months and they have all been because she is rushing to the toilet</i></p>	<p>Record in the Care Home Falls register and try to identify any patterns e.g. certain areas e.g. toilet, or times of the falls e.g. bedtime or early morning etc.</p> <p>Think how you can minimise risks and write down any actions and discuss with other staff.</p> <p>If the resident has fallen 3 or more times and you don't know why, ask the Dr or the Community Matron to review them for any underlying causes</p>	<p>E.g. Test for a urine infection</p> <p><i>Wheel Mrs X to the toilet if she needs to hurry but encourage her to walk back for exercise.</i></p> <p><i>Help her to drink plenty of fluids each day and explain why it is important.</i></p> <p><i>Test her urine monthly as she is prone to infections.</i></p>

<p>Y is for:</p> <p>eYesight (well sort of!)</p> <p>Can the resident see adequately to mobilise safely and make sense of their surroundings?</p>	<p>Eg. Resident seems to stop at doorways or lifts leg up to step over shadows.</p> <p><i>Mrs X needs glasses all the time (varifocals)</i></p> <p><i>Tends to stop at doorways</i></p>	<p>Check that the resident's eyesight has been checked annually and that they wear their glasses which have been most recently prescribed for the correct activity e.g. distance if walking round or near vision for reading etc.</p> <p>Make sure that their glasses are clean and get any broken glasses seen to by their optician.</p> <p>Keep the environmental clutter free and avoid changes in rooms of residents with poor vision as they need familiarity.</p> <p>If their vision appears to be deteriorating, get it checked by the Dr or their optician</p>	<p>E.g. Needs supervision to mobilise safely</p> <p><i>Make sure Mrs X always wears her glasses. Give them a clean each day</i></p> <p><i>Make sure walkways are free from obstacles</i></p> <p><i>Make sure she has her eyes tested once a year (last done Sept 2010)</i></p>
<p>OTHER</p> <p>E.g. the resident may roll out of bed and injure themselves</p>	<p>If they have fallen from their bed recently, consider whether bed wedges may help or in some cases, low beds and crash mats or bed rails may be an option</p>	<p>Policies which deny patients to have bed rails should be challenged as residents should be assessed individually and some may actually benefit from bed rails. Please consider all residents individually. Discuss with the District nurses, Community Equipment Coordinator or the Falls Coordinator if you are unsure</p>	<p><i>Mrs X has never fallen from her bed but has fallen on way to toilet. So make sure this route is lit well at night and that she can get help if needed e.g. she has her buzzer nearby and can use it if needed.</i></p> <p><i>Pop in 2 hourly at night.</i></p>