**Prompt card for Falls Holistic Assessment and Care Plan**



**Fall hazard sign & Wristbands**

**Hearing**

**Pain**

**Observational Beds**

**MCA Cognition
Defined Diagnosis
of Dementia**

**Call Bells**

**Alarms/ Bedrails**

**Learning Difficulties**

**Home Environment**

**Dizziness**

**Furniture Height**

**MOOD**

**Vision**

**Wires**

**Bladder Urgency**

**Lighting**

**Blood Pressure**

**Food and Drink**

**Walking equipment**

**Balance**

**Time of day**

Could this have been prevented?

Documentation 🡪 What’s my plan? 🡪 Falls Template and Care Plan

How can my input be evidenced?

What am I going to do about it?

What has happened?

Need to discuss with,,,



**Toiletry Needs**

**Medication**





**Shoes/
Slipper Project**