

PHARMACY CONSULT: Medication Fall Risk Evaluation

**THIS FORM SHALL BE SHARED WITH A COVERING PROVIDER WHEN A FALLS CONSULT IS ORDERED.
IT IS NOT A PERMANENT PART OF THE MEDICAL RECORD.**

Medication-related fall risk scoring		
Point Value (Risk Level)	AHFS Class	Comments
3 (High)	Analgesics*, antipsychotics, anticonvulsants, benzodiazepines†	Sedation, dizziness, postural disturbances, altered gait and balance, impaired cognition
2 (Medium)	Antihypertensives, cardiac drugs, antiarrhythmics, antidepressants	Induced orthostasis, impaired cerebral perfusion, poor health status
1 (Low)	Diuretics	Increased ambulation, induced orthostasis
Score ≥6		Higher risk for fall

AHFS= American Hospital Formulary Service
 * Includes opiates
 † Recommend to include non-benzodiazepine sedative-hypnotic drugs (e.g., zolpidem) in this category

Add up the point value (risk level) for every medication the patient is taking.
 If the patient is taking more than one medication in a particular risk category, the score should be calculated by:

- (Risk level score) x (Number of medications in that risk level category)

Reference: Beasley B, Patatanian E. Development and implementation of a pharmacy fall prevention program. *Hosp Pharm* 2009;44(12):1095-1102.

Patient's Medication Fall Risk Score (Check appropriate box)	<input type="checkbox"/> If score <3, recommend general fall prevention measures <input type="checkbox"/> If Score ≥3, continue with evaluation
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Pharmacist Regimen Assessment Checklist	
IF ANY OF THE BELOW QUESTIONS ARE ANSWERED YES, WRITE RECOMMENDATIONS BELOW	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Look for indication for medications. Review H&P and progress notes. Are there any medications that can be discontinued?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Check for any medications that can cause falls, drowsiness, dizziness, or delirium. If there is (are) any, can the medication(s) be discontinued or the dose(s) decreased?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Check age, creatinine clearance & liver function. Do any medications need dose adjustment?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are there any drug-drug interactions that contribute to fall risk?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If the patient is on antihypertensives, is the blood pressure too low?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If the patient is on a medication that can cause bradycardia (e.g. amiodarone, beta blocker, verapamil diltiazem), is the pulse too low?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If the patient is on a medication that can cause hypoglycemia (e.g. insulin, glyburide), is the blood glucose too low?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Is diuretic dose late in the day? All diuretics should be dosed early in the day to minimize nocturia.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Check for any medications newly added to the regimen if it could contribute to fall risk. Can the medication(s) be discontinued, dose decreased or changed to bedtime?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Check for any medications newly discontinued to the regimen. Can it contribute to fall risk?

Medication(s) to evaluate for appropriateness	
Recommendations	
Additional comments	
Assessment completed by: Pharmacist: Print Name _____ Signature _____ Date _____ Time _____	

Reference tools for pharmacists (see reference section of pharmacy website)
AGS Beer's Criteria 2015 Medication Appropriateness Index (MAI) Screening Tool of Older Persons' potentially inappropriate Prescriptions (STOPP) Screening Tool to Alert doctors to the Right Treatment (START)