

## National Emergency Medicine Programme Risk Assessment Tool

<b>Hospital Name:</b>	<b>Patient Addressograph</b>	
<b>Location in ED:</b>		
<b>KINDER1 Falls Assessment Tool</b>		
<b>Assessment to be undertaken on all patients aged &gt;70years</b>		
<b>Question</b>	<b>Yes</b>	<b>No</b>
Presented to ED with falls?		
Altered mental status/intoxicated?		
Impaired mobility/requires assistance?		
Age >70years?		
Other concerns; Bowel/bladder – incontinence, frequency Medications – diuretics, laxatives, sedatives,		
<b>YES to any of the above questions = FALLS RISK</b>		
<b>Action Plan</b>	<b>Yes</b>	<b>No</b>
Nurse in area/ Nurse-in-Charge aware?		
Falls Risk bracelet applied?		
Non-slip socks applied?		
Transferred to high-visibility area?		
Additional intervention required? If yes, please specify		
<b>Signed</b>	<b>Date</b>	<b>Time</b>

### References

Condren J (2023) Reducing the risk of falls among patients in the Emergency Department: A Quality Improvement Project. SpR in Emergency Medicine

Alexander D, Kinsley TL, Waszinski C (2013) Journey to a safe environment: fall preventions in an emergency department at a level 1 trauma center. J Emerg Nurs, 39 (4) (2013), pp. 346-352.

<https://www.sciencedirect.com/science/article/pii/S0099176712005508?via%3Dihub>

Townsend AB, Valle-Ortiz M, Sansweet T (2016) A Successful ED Fall Risk Program Using the KINDER 1 Fall Risk Assessment Tool. J Emerg Nurs, 42 (6) (2016) pp. 492-497.

<https://doi.org/10.1016/j.jen.2012.11.003>