Clinical Tool - Reviewing medications to reduce fall risk

Has the patient experienced a fall in the previous year?

- Yes
  - Was the administration of a medication temporally related to the fall?
  - Was there a recent (past 30 days) change in medication regimen (i.e. dose change, initiation or discontinuation)?

Is the patient taking any of the following medications known to increase risk of falls?

- Cardiovascular agents
- Benzodiazepines
- Opioids
- Bladder relaxants/anticholinergic agents
- Insulin
- Sedatives/hypnotics
- Antispasmodics/muscle relaxants
- Antipsychotics
- Anticonvulsants
- Antidepressants

- No

For each high-risk medication, consider:

- Could this medication be discontinued?
- Is there a safer alternative?
- Could the dose be decreased?
- Is dosing time appropriate for both safety and efficacy?
- Does any duplication of therapy exist (i.e. 2 antidepressants within the same class NOT including trazodone, 2 benzodiazepines, 2 antipsychotics)?

If your patient is experiencing any of the following conditions, consider whether the condition might be caused or worsened by drug therapy, or whether the condition could be treated with drug therapy:

- SBP <140 mmHg or DBP <70 mmHg
- Dizziness or lightheadedness
- Incontinence
- Anticholinergic effects
- Gait impairment or dysmobility
- Cognitive impairment
- Uncontrolled depression
- Uncontrolled pain
- Other symptoms that may lead to a fall

- Modify regimen
- Modify regimen

Ensure patient is receiving 1200mg of calcium (supplement or diet) and 800-2000 IU of vitamin D unless contraindicated.