## Clinical Tool - Reviewing medications to reduce fall risk Has the patient experienced a fall in the previous year? Was the administration of a medication temporally related Yes to the fall? No 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 Yes medications known to increase risk of falls? No Cardiovascular agents Consider modifying regimen if appropriate Benzodiazepines Opioids Bladder relaxants/ anticholinergic agents Insulin For each high-risk medication, consider: Sedatives/ hypnotics Yes Could this medication be discontinued? Antispasmodics/ muscle relaxants Is there a safer alternative? **Antipsychotics** Could the dose be decreased? Anticonvulsants Is dosing time appropriate for both safety and Modify regimen **Antidepressants** efficacy? Does any duplication of therapy exist (i.e. 2 No antidepressants within the same class NOT including trazodone, 2 benzodiazepines, 2 If your patient is experiencing any of the following antipsychotics)? conditions, consider whether the condition might be No caused or worsened by drug therapy, or whether the condition could be treated with drug therapy: SBP <140 mmHg or DBP <70 mmHg Modify regimen Yes Dizziness or lightheadedness Incontinence Anticholinergic effects Ensure patient is receiving 1200mg of calcium (supplement or diet) Gait impairment or dysmobility and 800-2000 IU of vitamin D unless contraindicated No Cognitive impairment Uncontrolled depression This resource was reproduced with permission from work done by Rojas-Fernandez, Seymour & Brown Uncontrolled pain (2014) for the Vitamin D Implementation (ViDAus) Study. Other symptoms that may lead to a fall Rojas-Fernandez C, Seymour N, Brown S. 2014 'Helping pharmacists to reduce fall risk in long-term care: A clinical tool to facilitate the medication review process' CPJ/RPC, vol. 147, no. 3, pp. 171-178