

# Waterford Integrated Care for Older People (W.I.C.O.P.)

## Complex Falls & Blackout Clinic

**Patients > 65 years reporting greater than one fall in past 6 months OR one fall resulting in significant injury OR one fall with suspected syncope**

Please also attach a list of patient's current medications and a summary of their past medical history

### To be completed by healthcare professionals

#### Demographic details OR STICKER

Name: Address: Date of Birth: Sex: M / F	A number: GP name:
Date of Referral:	

#### Exclusion Criteria

1. Significant inter-current illness requiring inpatient medical attention 2. Major injury requiring inpatient orthopaedic attention 3. Unable to mobilise 4. ECG demonstrates conduction abnormality or arrhythmia needing inpatient cardiology review	<b>Admit &amp; seek early MDT input</b>
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#### Falls History

Number of falls in past 6 months:
How did the fall occur/what was the activity at the time?:
Was the person able to get up from the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the person able to summon help following the fall? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the person have a pendant alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Was there a blackout?

<input type="checkbox"/> Your patient reports a blackout <input type="checkbox"/> Your patient is unable to explain the mechanism of their fall <input type="checkbox"/> Your patient describes dizziness, "vertigo" or palpitations in between falls	
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#### Does your patient report or display any of the following features?

<input type="checkbox"/> Unexplained weight loss <input type="checkbox"/> Poor appetite	
<input type="checkbox"/> Lacks insight into general safety/unconcerned re falls	
<input type="checkbox"/> Difficulty following instructions and/or confusion <input type="checkbox"/> MTS < 8/10	

#### Drug History

<input type="checkbox"/> On 4 or more prescription only drugs	
On any of the following medication(s): <input type="checkbox"/> Sleeping tablet <input type="checkbox"/> Water tablet <input type="checkbox"/> Heart tablet <input type="checkbox"/> Anti-depressant <input type="checkbox"/> Blood pressure tablet <input type="checkbox"/> Major tranquilisers	

#### Clinical observations

<b>BP:</b> <b>Pulse:</b> (normal 60-100 bpm)
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#### Bone health

FRAX Score: HIP = / MAJOR OSTEOPOROTIC =  NOGG Guidance:  Note: FRAX score calculator can be accessed at <a href="http://www.shef.ac.uk/frax">www.shef.ac.uk/frax</a>	
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Referrals can be posted to Dr. John Cooke, Age-Related Care Unit, University Hospital Waterford or Faxed to 051-848882