**STEADI-Rx**

Community Pharmacy Algorithm for Fall Risk Screening, Assessment, and Care Coordination

**START HERE**

1. **SCREEN** for fall risk yearly for older adults (≥ 65 years) taking ≥ 4 chronic medications or ≥ 1 high-risk medication or any time patient presents with an acute fall.

   Three key questions to ask patients [at risk if YES to any question]:
   1. Feels unsteady when standing or walking?
   2. Worries about falling?
   3. Fell in the past year?  
      > If YES ask, “How many times?” “Were you injured?”

**SCREENED NOT AT RISK**

1. **PREVENT** future risk by recommending effective prevention strategies.
   - Educate patient on fall prevention
   - Refer to community exercise or fall prevention program
   - Reassess yearly or any time patient presents with an acute fall

   **Document** answers to three key questions and education provided to patient

   **Share** answers to three key questions with the patient’s primary care provider using the Provider Consult Form

**SCREENED AT RISK**

2. **ASSESS** patient’s modifiable risk factors.

   **Document** answers to three key questions and education provided to patient

   **Identify medications that increase fall risk**
   - Schedule medication review with patient
   - Review medications utilizing the Community Pharmacy Falls Risk Checklist and a geriatric-specific medication decision-support tool (e.g., The UNC High Risk Medication Recommendations or the Beers Criteria)
   - Identify any medication therapy problems (MTPs) associated with the use of high-risk medications

   **Inquire about postural hypotension**
   - Symptoms of lightheadedness or dizziness from lying to standing?
   - Can assess for postural hypotension by measuring blood pressure from lying to standing

   **Reduce risk by recommending effective prevention strategies**
   - Educate patient on fall prevention
   - Refer to community exercise or fall prevention program

3. **COORDINATE CARE** with primary care or prescribing provider to reduce identified risk factors using effective interventions.

   **Share** answers to three key questions and education provided to patient with the patient’s provider using the Provider Consult Form

   **Share** identified MTPs and recommendations with the patient’s provider using the Provider Consult Form
   - Medication information should include medication name, strength, dose, and frequency

   **Refer** to provider for an evaluation of gait, strength, & balance using the Provider Consult Form

**RESPONSE RECEIVED FROM PROVIDER**

- Call provider’s office to verify they received the Provider Consult Form
- Resend Provider Consult Form if provider did not receive it

**RESPONSE NOT RECEIVED FROM PROVIDER WITHIN 7 DAYS**

- FOLLOW UP with patient in 30-90 days.
  - Discuss ways to improve patient receptiveness to the patient-provider care plan and address barrier(s)

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**CDC**  
**UNC Eshelman School of Pharmacy**  
**UNC School of Medicine Center for Aging and Health**  
**STEADI** Stopping Elderly Accidents, Deaths & Injuries

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