

Referral to a falls prevention program after a fall at home



Assume that today's date is 23 October 2026. Mrs Jankowski is being discharged home this afternoon. You are a registered nurse on the orthopaedic ward of the local public hospital. Using the information in the case notes, write a letter to Ms Nomsa Mutasa, Nurse Coordinator of the Community Falls Prevention Program, referring Mrs Jankowski for a falls risk assessment and home safety review. Address the letter to Ms Nomsa Mutasa, Nurse Coordinator, Community Falls Prevention Program, Community Health Centre, 24 Mill Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

1. Name: Mrs Analyn Jankowski
2. DOB: 14/03/1944 (82 yrs)
3. Address: 5 Banksia Avenue
4. Admitted: 17/10/26; discharge: 23/10/26

Social background

5. Widow; lives alone in single-level unit; toilet at end of long hallway
6. Daughter lives interstate, phones daily; neighbour has spare key
7. No personal alarm; previously declined ('don't need it')
8. Plays bridge weekly at local club; enjoys knitting
9. Daughter told staff about her own marriage problems and husband's job loss
10. Home: loose rugs in hallway, no night light, no grab rails in bathroom or toilet

Medical history

11. Hypertension — amlodipine 10 mg mane (before admission)
12. Bilateral cataracts — ↓ vision, esp. at night; on waiting list for surgery
13. Insomnia — temazepam 10 mg nocte for > 10 yrs
14. Osteoarthritis both knees
15. Appendicectomy 1968
16. Allergies: nil known

Admission

17. Fall approx 02:00 on 17/10 walking to toilet in dark; tripped on hallway rug
18. Long lie approx 6 hrs — unable to get up; found by neighbour 08:00
19. L (non-dominant) distal radius fracture — closed reduction in ED; below-elbow plaster cast 6/52

Admission

20. Dehydrated, CK ↑ on admission → IV fluids; CK and renal function now normal
21. Stage 1 pressure injury R hip — resolved with repositioning
22. Nocturia 2–3 x/night; urine culture — no infection
23. Postural BP: lying 138/78, standing 112/70 with dizziness
24. Temazepam: gradual dose reduction discussed; pt agreeable; GP to supervise
25. Amlodipine ↓ to 5 mg mane; postural dizziness improved
26. Vit D low — cholecalciferol commenced; GP to arrange osteoporosis assessment (bone density scan)
27. Complained food 'tasteless' and night staff 'too slow' answering call bell

Progress / function

28. Physio: mobilising indep with single-point stick (R hand); unsteady on turning; states fear of falling
29. OT: indep personal care with set-up; difficulty with buttons and opening jars due to cast
30. Usually wears loose backless slippers at home
31. Cast care: keep dry, elevate; report finger swelling, numbness or colour change

Plan

32. Refer falls prevention program: falls risk assessment, home safety review (rugs, night lighting, grab rails), strength & balance program
33. Personal alarm application started — pt now agrees
34. Fracture clinic 30/10/26 (repeat X-ray)
35. GP review 1/52: BP, temazepam reduction, osteoporosis assessment
36. Meal delivery service 3 x/wk arranged