

Appendix F - Fall Prevention Medication Review Checklist



Patient Name: _____ Review Date: _____

Number of medications patient was taking: _____

Please indicate which of the following recommendations were made/actions taken when reviewing the above patient's medication intake.

- ☐ Decrease number of medications, if possible (especially if taking more than four medications).

Notes:

- ☐ Investigate lower dosages of medications, especially psychotropic drugs, diuretics and cardiovascular drugs.

Notes:

- ☐ Consider withdrawal of digoxin:

- In patients with stable CHF
- If CHF is due to valvular disease or hypertension
- If there is no response to digoxin after one month with decreased heart size, or increased exercise capacity

Notes:

- ☐ Stop or decrease number of psychotropic medications

- Neuroleptics (i.e., Phenothiazines, Butyrophenones)
- Sedative/hypnotics (i.e., Barbiturates, Hydroxyzine)
 - Antidepressants (i.e., Tricyclic Antidepressants, Selective Serotonin Uptake Inhibitors (SSRIs))
 - Benzodiazepines

Notes:

- ☐ Avoid combination of certain drugs

- Narcotics with psychotropics
- More than one psychotropic

Notes:

Courtesy of the Michigan Fall Prevention Project
Michigan Department of Community Health