

FALL RISK ASSESSMENT FORM AND REASSESSMENT

Patient Name: _____

Age: _____

Sex: _____

Dept: _____

Admission: Readmission: Post Fall: Change in condition: Other:

Parameter	Score	Patient Status / Condition
A. Level of consciousness /Mental status	0	Alert and oriented x3(Time, place, person)
	2	Disoriented x3(Time, place, person)
	4	Intermittent confusion
B. History of falls (past 3 months)	0	No falls
	2	1-2 falls
	4	3 or more falls
C. Ambulation/ Elimination status	0	Ambulatory & continent
	2	Chair bound & requires assistance with toileting
	4	Ambulatory & incontinent
D. Vision status/Language Barrier	0	Adequate (with or without glasses)
	2	Poor(with or without glasses)
	4	Legally blind
E. Gait and Balance	2	Language problem
		Have patient stand on both feet who any type of assist then have walk - forward, through a door way, then make a turn(mark all that apply)
	0	Normal/safe gait and balance
	1	Balance problem while standing
	1	Balance problem while walking
	1	Decreased muscular coordination
	1	Change in gait pattern when walking through door way
	1	Jerking or unstable when making turns
	1	Requires assistance(person, furniture/walls or device)
	F. Orthostatic changes	0
2		Drop <20mm Hg in BP between lying and standing Increase of cardiac rhythm>20
4		Drop <20mm Hg in BP between lying and standing Increase of cardiac rhythm>20
G. Medications		Based upon the following types of medication : anaesthetics, antihistamines cathartics, diuretics, antihypertensive, antiseizure, benzodiazepines, hypoglycaemic, psychotropic
	0	None of these medications taken currently or w/in past 7 days
	2	Takes 1-2 of these medications currently or w/in past 7 days
	4	Takes 3-4 of these medications currently or w/in past days
	1	Mark additional point if patient has had change in these medications or dose in past days
H. Predisposing Diseases		Based upon the following conditions : hypertension, vertigo, CVA, Parkinson's disease, loss of limb's, seizures, arthritis, osteoporosis, fractures
	0	None present
	2	1-2 present
	4	3 or more present
I. Equipment issues	0	No risk factors noted
	1	Oxygen tubing/nasal cannula/tracheostomy tube/ETT
	1	Inappropriate or client dose not consistently use assistive device
	1	Equipment needs
	1	other
Total Score		Score of 8-14 = Moderate risk of falls Score of 15 or above = High risk for falls If score is 8 or above, the back page of must completed.

Patient has been informed about fall risk assessment results and / or safety /fall prevention recommendations.

Yes No

Signature of Staff Nurse : _____

Date (Month, day , year) _____

Time _____