|  |  |
| --- | --- |
| **Participant’s Name: RN’s Signature:** | |
| **FALL RISK ASSESSMENT** |  |
| **Assess each factor and circle or highlight the score when “yes”, then total the points.** | |
| **Patient Factors** | **Score** |
| History of falls (any in the past 3 months?) | 15 |
| Sensory deficit (vision and/or hearing) (M1200) | 5 |
| Age (over 65) | 5 |
| Diagnosis ( 3 or more co-existing) (M1020, M1024) | 5 |
| Confusion (M1700, M1710) | 5 |
| Impaired judgment | 5 |
| Decreased level of cooperation | 5 |
| Increased anxiety/emotional lability (M1710) | 5 |
| Pain affecting level of function (M1242) | 5 |
| Unable to ambulate independently (needs to use ambulatory aide, chairboard, etc) | 5 |
| Gait/balance/coordination problems/mobility (M1849, M1850, M1860) | 5 |
| Incontinence/urgency (M1610, M1615) | 5 |
| Cardiovascular/respiratory disease affecting perfusion and/or oxygenation | 5 |
| Postural hypotension with dizziness | 5 |
| Medications affecting blood pressure, level of consciousness, or blood coagulants (consider antihistamines, antihypertensives, antiseizure, benzodiazepines, cathartics, diuretics, hypoglycemic, narcotics, psychotropics, sedatives/hypnotics, anticoagulants) (M2020, M2030) | 5 |
| Alcohol use | 5 |
| **Environmental Factors** |  |
| Home safety issues (lighting, pathway, cord, tubing, floor coverings, stairs, etc.) | 5 |
| Lack of home modifications (bathroom, kitchen, stairs, entries, etc.) | 5 |
| **Total Points:** |  |
| **Implement fall precautions for a total score of 15 or greater**  As guided by organizational guidelines:  1. Educate on fall prevention strategies specific to areas of risk  2. Refer to Physical Therapy and/or Occupational Therapy  3. Monitor areas of risk to reduce falls  4. Reassess patient |  |
| (M1910) Has this patient had a multi-factor Fall **Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards?)  0 – No multi-factor falls risk assessment conducted  1 – Yes, and it does not indicate a risk for falls  2 – Yes, and it indicates a risk for falls |  |
| **Plan/Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | |
|  | |
|  | |
|  | |