

# Fall Risk Assessment

INSTRUCTIONS: Upon admission and quarterly (at a minimum) thereafter, assess the resident status in the eight clinical parameters listed below (A-H) by assigning the corresponding score which best describes the resident in the appropriate assessment column. Add the column of numbers to obtain the total score. If the total score is 10 or greater, the resident should be considered at HIGH RISK for potential falls. A prevention protocol should be initiated immediately and documented in the care plan.				ASSESSMENT DATE			
PARAMETER		SCORE	RESIDENT STATUS/CONDITION	1	2	3	4
A.	LEVEL OF CONSCIOUSNESS MENTAL STATUS	0	ALERT (oriented x3) OR COMATOSE				
		2	DISORIENTED X 3 AT ALL TIMES				
		4	INTERMITTENT CONFUSION				
B.	HISTORY OF FALLS (Past 3 months)	0	NO FALLS IN THE PAST 3 MONTHS				
		2	1-2 FALLS IN THE PAST 3 MONTHS				
		4	3 OR MORE FALLS IN PAST 3 MONTH				
C.	AMBULATION ELIMINATION STATUS	0	AMBULATORY/CONTINENT				
		2	CHAIR BOUND- Requires restraints and assist with elimination				
		4	AMBULATORY/INCONTINENT				
D.	VISION STATUS	0	ADEQUATE with or without glasses				
		2	POOR- with or without glasses				
		4	LEGALLY BLIND				
E.	GAIT /BALANCE	To assess the resident's Gait/Balance, have him/her stand on both feet without holding onto anything; walk straight forward; walk through a doorway; and make a turn					
		0	Gait/Balance normal				
		1	Balance problem while standing				
		1	Balance problem while walking				
		1	Decreased muscular coordination				
		1	Change in gait pattern when walking through doorway				
		1	Jerking or unstable when making turns				
		1	Requires use of assistive devices (i.e. cane, w/c walker, furniture)				
		2	N/A –not able to perform function				
F.	SYSTOLIC BLOOD PRESSURE	0	NO NOTED DROP between lying and standing				
		2	Drop LESS THAN 20 mm Hg between lying and standing				
		4	Drop MORE THAN 20 mm Hg between lying and standing				
G.	MEDICATIONS	Respond below based on the following types of medications Anesthetic, Antihistamines, Antihypertensives, Antiseizure, Benzodiazepines, Cathartics, Diuretics, Hypoglycemics, Narcotics, Psychotropics, Sedatives/Hypnotics					
		0	NONE of these medications taken currently or within the last 7 days				
		2	TAKES 1-2 of these medications currently and/or within the last 7 days				
		4	TAKES 3-4 of these medications currently and/or within the last 7 days				
		1	If resident has had a change in medication and/or change in dosage in past 5 days = score 1 additional point				
H.	PREDISPOSING DISEASES	Respond below based on the following predisposing conditions; Hypotension, Vertigo, CVA, Parkinson's disease, loss of limb(s), seizures, arthritis, osteoporosis, fracture					
		0	NONE PRESENT				
		2	1-2 PRESENT				
		4	3 OR MORE PRESENT				
TOTAL SCORE			Total score of 10 or above represents HIGH RISK				
ASSESS	SIGNATURE/TITLE/DATE		ASSESS	SIGNATURE/TITLE/DATE			
1			3				
2			4				
NAME-Last		First	Middle	Attending Physician		Record No.	Room/Bed