

FALL RISK ASSESSMENT

INSTRUCTIONS: Upon admission and quarterly (at a minimum) thereafter, assess the resident status in the eight clinical condition 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 on the care plan.

			ASSESSMENT DATE ▶			
PARAMETER	SCORE	RESIDENT STATUS/CONDITION	1	2	3	4
A. MENTAL STATUS	0	ORIENTED x 3 (time, place, person)				
	1	DISORIENTED x 1				
	2	DISORIENTED x 2				
	4	DISORIENTED x 3				
	4	WANDERS				
B. HISTORY OF FALLS (Past 3 months)	0	NO FALLS in past 3 months				
	2	1 - 2 FALLS in past 3 months				
	4	3 OR MORE FALLS in past 3 months				
C. AMBULATION/ ELIMINATION STATUS	0	REGULARLY CONTINENT				
	2	REQUIRES REGULAR ASSIST WITH ELIMINATION				
	4	REGULARLY INCONTINENT				
D. VISION STATUS	0	ADEQUATE (with or without glasses)				
	2	POOR (with or without glasses)				
	4	LEGALLY BLIND				
E. GAIT/BALANCE/ AMBULATION Indicate appropriate point value for each item that applies.	0	Gait/Balance normal				
	1	Balance problem while standing/walking				
	1	Decreased muscular coordination/jerking movements				
	1	Change in gait pattern when walking (i.e., shuffling)				
	1	Requires use of assistive devices (i.e., cane, w/c, walker, furniture)				
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: Anesthetics, Antihistamines, Antihypertensives, Antiseizure, Benzodiazepines, Cathartics, Diuretics, Hypoglycemics, Narcotics, Psychoactives, Sedatives/Hypnotics.					
	0	NONE of these medications taken currently or within last 7 days				
	2	TAKES 1 - 2 of these medications currently and/or within last 7 days				
	4	TAKES 3 - 4 of these medications currently and/or within last 7 days				
	1	If resident has had a change in medication and/or change in dosage in the 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, Fractures, Multiple Sclerosis.					
	0	NONE PRESENT				
	2	1 - 2 PRESENT				
	4	3 OR MORE PRESENT				
TOTAL SCORE		Total score above 10 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
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		ASSESSMENT DATE ▶					
PARAMETER	SCORE	RESIDENT STATUS/CONDITION	5	6	7	8	
A. MENTAL STATUS	0	ORIENTED x 3 (time, place, person)					
	1	DISORIENTED x 1					
	2	DISORIENTED x 2					
	4	DISORIENTED x 3					
	4	WANDERS					
B. HISTORY OF FALLS (Past 3 months)	0	NO FALLS in past 3 months					
	2	1 - 2 FALLS in past 3 months					
	4	3 OR MORE FALLS in past 3 months					
C. AMBULATION/ ELIMINATION STATUS	0	REGULARLY CONTINENT					
	2	REQUIRES REGULAR ASSIST WITH ELIMINATION					
	4	REGULARLY INCONTINENT					
D. VISION STATUS	0	ADEQUATE (with or without glasses)					
	2	POOR (with or without glasses)					
	4	LEGALLY BLIND					
E. GAIT/BALANCE/ AMBULATION Indicate appropriate point value for each item that applies.	0	Gait/Balance normal					
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ASSESS	SIGNATURE/TITLE/DATE		ASSESS	SIGNATURE/TITLE/DATE			
5			7				
6			8				

NAME—Last	First	Middle	Attending Physician	Record No.	Room/Bed
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