

## MAHC 10 - Fall Risk Assessment Tool

Conduct a fall risk assessment on each patient at start of care and re-certification.

Patient Name: \_\_\_\_\_

(Circle one) SOC or Re-certification

Date: \_\_\_\_\_

Required Core Elements	Points
<p><b>Assess one point for each core element "yes".</b></p> <p><i>Information may be gathered from medical record, assessment and if applicable, the patient/caregiver. Beyond protocols listed below, scoring should be based on your clinical judgment.</i></p>	
<p><b>Age 65+</b></p>	
<p><b>Diagnosis (3 or more co-existing)</b> Includes only documented medical diagnosis</p>	
<p><b>Prior history of falls within 3 months</b> An unintentional change in position resulting in coming to rest on the ground or at a lower level</p>	
<p><b>Incontinence</b> Inability to make it to the bathroom or commode in timely manner Includes frequency, urgency, and/or nocturia.</p>	
<p><b>Visual impairment</b> Includes but not limited to, macular degeneration, diabetic retinopathies, visual field loss, age related changes, decline in visual acuity, accommodation, glare tolerance, depth perception, and night vision or not wearing prescribed glasses or having the correct prescription.</p>	
<p><b>Impaired functional mobility</b> May include patients who need help with IADLS or ADLS or have gait or transfer problems, arthritis, pain, fear of falling, foot problems, impaired sensation, impaired coordination or improper use of assistive devices.</p>	
<p><b>Environmental hazards</b> May include but not limited to, poor illumination, equipment tubing, inappropriate footwear, pets, hard to reach items, floor surfaces that are uneven or cluttered, or outdoor entry and exits.</p>	
<p><b>Poly Pharmacy (4 or more prescriptions – any type)</b> All PRESCRIPTIONS including prescriptions for OTC meds. Drugs highly associated with fall risk include but not limited to, sedatives, anti-depressants, tranquilizers, narcotics, antihypertensives, cardiac meds, corticosteroids, anti-anxiety drugs, anticholinergic drugs, and hypoglycemic drugs.</p>	
<p><b>Pain affecting level of function</b> Pain often affects an individual's desire or ability to move or pain can be a factor in depression or compliance with safety recommendations.</p>	
<p><b>Cognitive impairment</b> Could include patients with dementia, Alzheimer's or stroke patients or patients who are confused, use poor judgment, have decreased comprehension, impulsivity, memory deficits. Consider patients ability to adhere to the plan of care.</p>	
<p><b>A score of 4 or more is considered at risk for falling</b></p>	
<b>Total</b>	

Clinician's signature \_\_\_\_\_

## Timed Get Up and Go Test

*Measures mobility in people who are able to walk on their own (assistive device permitted)*

Patient's Name \_\_\_\_\_ MR #: \_\_\_\_\_

Date \_\_\_\_\_ Patient age: \_\_\_\_\_

**Time to Complete** \_\_\_\_\_ *seconds (according patient's condition)*

**Instructions:**

**The person may wear their usual footwear and can use any assistive device they normally use.**

1. Have the person sit in the chair with their back to the chair and their arms resting on the arm rests.
2. Ask the person to stand up from a standard chair and walk a distance of 10 ft. (3m).
3. Have the person turn around, walk back to the chair and sit down again.

Timing begins when the person starts to rise from the chair and ends when he or she returns to the chair and sits down.

The person should be given 1 practice trial and then 3 actual trial. The times from the three actual trials are averaged.

Walking aid used? Type of aid: \_\_\_\_\_

Activity	Trial 1 (time in seconds)	Trial 2 (time in seconds)	Trial 3 (time in seconds)
Stand up and walk 10 ft (3m), turn around and walk back to the chair and sit down again.	Time: _____ Observation: _____ _____	Time: _____ Observation: _____ _____	Time: _____ Observation: _____ _____
<b>Average time</b> (in seconds)			

Unstable on turning?  Yes  No Explain: \_\_\_\_\_

**NORMATIVE DATA<sup>1</sup>**

AGE	GENDER	MEAN (seconds)	NORMAL RANGE (seconds)
60-69	MALE	8	4-12
60-69	FEMALE	8	4-12
70-79	MALE	9	3-15
70-79	FEMALE	9	5-13
80-89	MALE	10	8-12
80-89	FEMALE	11	5-17

**Sensitivity and Specificity:**

- If score < 14 seconds: 87 % not a high risk of falls
- If score >= 14 seconds: 87 % high risk of falls

**Predictive Results**

**Seconds Rating**

- <10 Freely mobile
- 10-19 Mostly independent
- 20-29 Variable mobility
- >30 Impaired mobility

Comments: \_\_\_\_\_

Staff signature & title: \_\_\_\_\_ Date: \_\_\_\_\_



# ABANA HEALTH CARE, INC

## FALL RISK ASSESSMENT / REASSESSMENT

PATIENT: \_\_\_\_\_ ID #: \_\_\_\_\_

RISK	Y	N	IF "YES" RISK REDUCTION STRATEGIES PROVIDED	Y	N
	e	o		e	o
s				s	
1-Impaired balance or mobility			Educated to use assistive devices and to rise slowly from sitting to standing position. Pt. educated to call for assistance before getting out of bed or getting up from chair		
2- Musculoskeletal problems			Educated to use assistive devices and to rise slowly from sitting to standing position		
3-cognitive impairment (short term memory changes or poor impulse control, etc)			Educated caregiver in appropriate supervision for Activities of Daily Living		
4- Nutritional problems affecting Activities of Daily Living			Educated in Doctor ordered diet.		
5-Use of narcotics, hypnotics, analgesics, psychotropic's, laxatives, diuretics, sedatives or antihypertensive medications, including multiple medications (polypharmacy = 10 or more medications)			Educated in side effects of medications, including potential for increased fall risk due to side effects of drowsiness, motor disturbances and ataxia		
6- History of previous falls			Educated in safe ambulation, use of assistive devices and relevant home safety issues.		
7- Abnormal sleep pattern for patient			Educated in appropriate sleep pattern		
8- Specific environmental issues			Improve lighting. Needed objects should be placed within easy reach. Remove throw rugs. Keep floors and stairs free of clutter		

PLEASE REVIEW AND MARK YES OR NO BELOW

YES		NO	Patient with recent or ongoing changes in Level of Independence.
YES		NO	Patient with recent or ongoing Sensory Changes
YES		NO	Patient with recent or ongoing Communication Difficulties
YES		NO	Risk of Falling communicated to Patient and or Caregiver. Strategies for prevention provided to patient and or caregiver

\_\_\_\_\_  
Name/ Signature/Title of individual completing this form.

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Updated Signature/Title

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Updated Signature/Title

## SIMPLE STEPS TO HELP PATIENT REDUCE RISK OF FALLS PASOS SENCILLOS PARA DISMINUIR RIESGOS DE CAIDAS

### **The Dangers of Falling**

Falls are one of the main causes of injury in people over age 65. An older person who falls may take longer to get better than a younger person. And, after a fall, an older person is more likely to have problems that don't go away. This is why it's a good idea to take steps to keep from falling.

### **You can Help Prevent Falls**

Changing is sometimes easier said than done. But keep in mind that even small changes can make you less likely to fall.  
**Los riesgos de caerse.**

**Una de las causas principales de las lesiones en las personas mayores de 65 años son las caídas. Posiblemente, la recuperación de una persona mayor que se cae sea más lenta que la de una persona más joven. Por esto, conviene tomar precauciones para prevenir las caídas.**

**Usted puede hacer algo para evitar las caídas**

**A menudo, es más fácil hablar de los cambios que realmente llevarlos a cabo. Pero tenga en cuenta que aun los cambios más pequeños pueden disminuir el riesgo de caerse.**

### **Make your health a priority**

Chronic conditions increase your Fall Risk like diabetes, high or low blood Pressure and arthritis. They may cause problems with movement, balance, or vision. And certain medications you take for them may have side effects, such as dizziness or drowsiness.

### **What to do to Help Prevent Falls**

- You may have at least yearly medical exam annual
- Get your eyes checked at least once a year
- Get your hearing checked at least every other year
- Have your doctor check your inner ear for balance problems
- Get the right Nutrition
- Make changes in your Living Space such as: Remove hazards, add safety devices, and improve Lighting
- Learn to Move Safely , Plan your movements
- If you need a Walking Aid such as cane, walker please use your devices
- Stay as Active as You Can

### **IF YOU FALL**

Falling is not something that we want to think about

### **How to Prepare**

Have someone check on you daily

Keep a list of emergency numbers near the phone

Always have a way to call for help

### **WHAT TO DO IF YOU FALL**

Above all, try to stay calm

If you start to fall, try to relax your body to reduce

The impact of the fall

After you fall, if you have press your monitor button

Or phone for help. Call 911 if needed

### **Su salud debe tener prioridad**

**Afecciones crónicas aumentan el riesgo de caerse tales como diabetes, la alta o baja presión arterial y la artritis. Esto puede provocar dificultades de visión, equilibrio o movimiento. Y ciertos medicamentos que toma pueden tener efectos secundarios como mareos o somnolencia.**

### **Que hacer para ayudar a Prevenir Caídas**

**Usted debe de tener por lo menos un examen médico anual**

**Hágase un control de la vista por lo menos una vez por año**

**Hágase un control de audición por lo menos cada dos años**

**Pídale a su médico revisar el interior de los oídos para detectar problemas que afecten su equilibrio.**

**aliméntese correctamente**

**Haga cambios en su vivienda tales como:**

**Quitar cosas peligrosas, poner dispositivos de seguridad y mejore la iluminación**

**Aprenda a moverse de forma segura, Planee sus movimientos**

**Si necesita apoyo para caminar tal como, bastón o andadera por favor usarlo**

**Manténgase lo más activo posible**

### **SI SE CAE**

**Caerse no es algo en lo que queremos pensar**

**Como Prepararse**

**Tenga a alguien que este pendiente de usted todos los días**

**Coloque una lista con números de emergencia cerca del teléfono**

**Tenga siempre una forma de pedir ayuda.**

### **QUE DEBE HACER SI SE CAE**

**Ante todo , trate de mantener la calma**

**si comienza a caer, trate de relajar el cuerpo para reducir el impacto de la caída**

**Luego de la caída, presione el botón del sistema de monitor si lo tiene o pida ayuda telefónicamente. Llame al 911 si es necesario.**

**Patient:** \_\_\_\_\_ **MR:** \_\_\_\_\_

**Date:** \_\_\_\_\_ Client is at high risk for falls: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Potential for falls : 1 2 3 4 5 6 7 8 9 10 Fall assessment conducted Yes \_\_\_\_\_ N/A \_\_\_\_\_  
 Potential for falls has \_\_\_\_\_ increased \_\_\_\_\_ decreased  
 Intervention for this visit: \_\_\_\_\_

Client/C.G. response: \_\_\_\_\_ Compliant with fall prevention plan \_\_\_\_\_ Verbalizes understanding of instructions \_\_\_\_\_ Refuses other services \_\_\_\_\_

Signature/Title \_\_\_\_\_

**Date:** \_\_\_\_\_ Client is at high risk for falls: \_\_\_\_\_ Yes \_\_\_\_\_ No  
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Signature/Title \_\_\_\_\_



## FALL RISK ASSESSMENT

- SOC   
  ROC   
  Recert  
 Other \_\_\_\_\_

**INSTRUCTIONS:** If patient is over 65 years old and has any one of the following, the patient is a fall risk Implement fall prevention program

- Person is 65 years old or older, PLUS one of the following:
- A previous fall
  - Upper or lower body weakness
  - Problems with balance/gait
  - Takes 4 or more medicines, or
  - any one medicine such as a hypnotic or sedative, OTC sleep aid, tranquilizer, antipsychotic or antidepressant
  - Any cognitive impairment
  - Wears glasses/vision problems
  - More than one life-time condition, such as osteoporosis, heart failure, asthma or emphysema, cancer, kidney disease, diabetes, Parkinson's/ other neuromuscular disorder
  - Postural hypotension
  - History of stroke or other cardiac condition
  - Incontinence
  - Gets up at night to void
  - Use of thick, soft-soled or ill-fitting shoes
- Fall risk assessment findings have been reviewed with patient and/caregiver and recommendation given
- Patient/Caregiver has been oriented to the Fall Prevention Patient Teaching booklet and follow-up planned
- Reviewed patient medications that may potentiate fall risk:
- o \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_
- Other:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

PATIENT NAME - Last, First, Middle Initial

ID#



## FALL RISK DISCIPLINE TRIGGER

- Review these items at Start of Care and during follow-up assessment.
- Check any Item below that is pertinent to the patient to initiate an evaluation.
- If unsure, call the respective discipline first to discuss patient's condition.
- Fall Risk: Patient 65 years or older and any asterisk (\*) Item.

### NURSING

- \*Over 65 and at risk for fall
- Multiple medications
- New changed medications and/or medication management
- Needs patient/caregiver teaching re: Condition or Diagnosis

### PHYSICAL THERAPY

- \*Recent fall or at risk for falls
- \*Problems with gait and/or balance
- \*Weakness that limits upper and lower body function
- \*Patient having problems with or not using ambulatory assist device(s) correctly
- Any pain that limits function, especially joint pain
- Any worsening from initial assessment in the patient's ability to:
  - Bathe
  - Transfer
  - Ambulate

### OCCUPATIONAL THERAPY

- \*Upper extremity weakness that limits upper body function
- Needs assistive devices for bathing SAFELY
- Any worsening from initial assessment for upper body function of:
  - Bathing
  - Grooming
  - Upper body dressing
  - Lower body dressing
  - Toileting
  - Feeding/Eating

### SLP (SPEECH LANGUAGE PATHOLOGY)

- Recent CVA
- Any speech deficit from recent head injury
- Difficulty swallowing
- Expressive aphasia
- Potential for aspiration
- Excessive coughing while eating
- Persistent congestion (like with recurrent pneumonia)

### MEDICAL SOCIAL WORKER

- Financial difficulty, paying for meds
- Assistance with placement in another setting
- Home environment concerns
- Adult Protective Services

Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

PART 1 Clinical Record

PART 2 Care Coordination

PATIENT NAME - Last, First, Middle Initial

ID#

FALL RISK DISCIPLINE TRIGGER



## FALL SAFETY CHECKLIST

• If No to any question, recommend remedy or assist patient with resolution Document accordingly.

### EMERGENCY PLANS

Are emergency numbers posted on or near the telephone? .....  Yes  No

Do you have access to a telephone if you fall or experience some other emergency which prevents you from standing and reaching a wall phone? .....  Yes  No

### ASSISTIVE EQUIPMENT In Use: Y N

If Yes, is equipment in good repair? .....  Yes  No

Is equipment properly fitting? .....  Yes  No

### FLOORS AND WALKWAYS

Are lamp, extension, and telephone cords placed out of the flow of traffic? .....  Yes  No

Are all small rugs and runners slip-resistant? .....  Yes  No

Are hallways, passageways between rooms, and other heavy traffic areas well lit? .....  Yes  No

Are exits and passageways kept clear? .....  Yes  No

### STAIRS AND STEPS

Are stairs well lighted? Do the steps allow secure footing? .....  Yes  No

Are light switches located at both the top and bottom of the stairs? .....  Yes  No

Are steps even and of the same size and height? .....  Yes  No

Are the coverings on the steps in good condition? .....  Yes  No

Can you clearly see the edges of the steps? .....  Yes  No

Are stairways clear of stored items? .....  Yes  No

### KITCHEN

Do you have a step stool which is stable and in good repair? .....  Yes  No

Are items within easy reach so that you are not looking up to grasp? .....  Yes  No

### BATHROOM

Do bathtubs and showers have non-skid mats, abrasive strips, or surfaces that are not slippery? .....  Yes  No

Do bathtubs and showers have at least one (preferably two) grab bars? .....  Yes  No

Is a light switch located near the entrance to the bathroom? .....  Yes  No

### BEDROOM

Are lamps or light switches within reach of each bed? Are there nitelights? .....  Yes  No

### OUTSIDE PORCHES, PATIOS, WALKWAYS

Are walkways free of cracks or uneven pavements, tree roots, shrubs or slippery surfaces? .....  Yes  No

Is there adequate outside lighting near walkways? Are steps safe? Handrails? .....  Yes  No

Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

PATIENT NAME - Last, First, Middle Initial

ID#



## Fall Risk Assessment Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Admission:**                      **Recert:**                      **Post-Fall:**

	<i>Parameter</i>	<i>Score</i>	<i>Patient Status/Condition</i>
A.	Level of Consciousness/ Mental Status	0	Alert - (oriented x 3) or Comatose
		2	Disoriented x 3 at all times
		4	Intermittent confusion
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	Ambulatory/continent
		2	Chairbound (requires restraints & assist w/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 gait/balance, have patient 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 device (cane, w/c, furniture..)
F.	Systolic Blood Pressure	0	No noted drop between lying and standing
		2	Drop < 20mmHg between lying and standing
		4	Drop > 20mmHg between lying and standing
G.	Medications	Respond below based on the following types of medications: anesthetics, antihistamines, antihypertensives, antiseizure, bendodiazepines, cathartics, diuretics, hypoglycemics, narcotics, psychotropics, sedatives/hypnotics.	
		0	None of these medications taken currently or w/in last 7 days
		2	Takes 1-2 of these medications currently and/or w/in last 7 days
		4	Takes 3-4 of these medications currently and/or w/in last 7 days.
		1	If patient 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, fractures	
		0	None present
		2	1-2 present
		4	3 or more present
<b>TOTAL SCORE</b>			(Total score of 15 represents High Risk)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Fall Risk Screening Tool

Patient Name \_\_\_\_\_

MR # \_\_\_\_\_

General Data		Score	Physical Data		Score
Age 60-75		1	Dizziness, poor balance		3
Age over 75		2	Unsteady gait		3
Multiple falls prior to admission (3 months)		2	Joint difficulties		2
Fall during admission		3	Poor endurance (S.O.B./Dyspnea)		2
Post-op (24-48 hrs)		1	Generalized Weakness		2
Alcohol use		1	Sight Impairment		1
Lack of home modifications(bathroom, kitchen, stairs, entries, etc)		1	Blind		3
Medications		Score	Ambulatory devices		Score
Drugs that suppress thought process or have a hypotensive effect (narcotics, sedatives, antidepressants, psychotropics, hypnotics, anti-hypertensives, tranquilizers, anti-seizure medications)		2	Walker		2
			Cane		1
			Quad Cane		1
			Crutches		2
			Wheelchair		3
			Riding Scooter		3
Medications that increase GI motility ( i.e., laxatives, cathartics, enemas)		2	Bed bound with Hoyer lift transfer with assistance		5
Mental Status		Score	Urinary Incontinence		Score
Confusion , illogical thinking		3	Urinary Incontinence		3
Impaired memory, judgment		2	Medications that cause frequency or urinary dribbling		2
Disorientation in one or more spheres		2			
Lack of familiarity with immediate area		1			
Unable to understand/ follow direction		3			
Non-compliant with safety measures		3			
Gait/Balance		Score	Predisposing Disease/Conditions/Symptoms		Score
Gait/balance normal		0	One point for each disease/condition		
Balance problem while standing		1	Symptom such as hypotension,		
Balance problem while walking		1	Vertigo, CVA, Parkinson's Disease,		
Decreased muscular coordination		1	Loss of limb(s), seizures, arthritis,		
Jerking or unstable when making turns		1	Osteoporosis, fracture, MS, other neurological conditions, cardiovascular/respiratory disease effecting perfusion or oxygenation		
<b>Total</b>			<b>Total</b>		

After scoring the assessment make the patient aware of the score & inform the patient &/ or caregiver you will be monitoring & teaching safety techniques as needed.

Total 1-10 = Low Risk Provide Fall Prevention, Staying Safe Handout

Total 11-15 = Moderate Risk Implement fall precautions as guided by agency policies

1. Provide Fall Prevention Handout

2. Educate on fall prevention strategies specific to areas of risk

Total 16 or more = High Risk Physician to be contacted for a Physical Therapy/ Occupational Therapy evaluation to formulate a prevention plan with all disciplines.

Assessment completed by: \_\_\_\_\_ Date \_\_\_\_\_



**FALL REDUCTION INITIATIVE (Risk Assessment)**

(Circle One) Start of Care, Resumption of Care or Re-Certification  
 Assess one point for each core element "yes"

Patient: \_\_\_\_\_ MR: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Core Elements**

**Points**

**Age 65+** .....

**Diagnosis (3 or more co-existing)** .....

*Assess for hypotension*

**Prior history of falls within 3 months** .....

*Fall Definition: "An unintentional change in position resulting in coming to rest on the ground or at a lower level"*

**Incontinence** .....

*Inability to make it to the bathroom or commode in timely manner: Includes Frequency, Urgency, &/or Nocturia*

**Visual Impairment** .....

*Includes macular degeneration, diabetes retinopathies, retinal detachment, visual field loss, age related changes, decline in visual acuity, accommodation, glare tolerance, depth perception, and night vision or not wearing prescribed glasses or having the correct prescription*

**Impaired Balance or Mobility** .....

*May include patients who need help with IADLs or ADLs or have gait or transfer problems, arthritis, pain, fear of falling, foot problems, impaired sensation, impaired coordination or improper use of assistive devices*

**Environmental Hazards** .....

*May include poor illumination, equipment tubing, inappropriate footwear, pets, hard to reach items, floor surfaces that are uneven or cluttered, or outdoor entry and exits*

**Poly Pharmacy (4 or more prescriptions)** .....

*Drugs highly associated with fall risk include but not limited to: Sedatives, Anti-depressants, Tranquilizers, Narcotics, Antihypertensives, Cardiac meds, Corticosteroids, Anti-anxiety drugs, Anti-cholinergic drugs, & Hypoglycemic drugs. Educated inside effects, including potential for increased fall risk due to side effects of drowsiness, ataxia, etc.*

**Pain affecting level of function** .....

*Pain often affects an individual's desire or ability to move or pain can be a factor in depression or compliance with safety recommendations*

**Cognitive impairment** .....

*Could include patients with dementia, Alzheimer's, stroke, patients who are confused, use poor judgment, have decreased comprehension, impulsivity, memory deficits. Consider patient ability to adhere to the Plan of Care*

**Musculoskeletal Problems** .....

*Educated to use assistive devices and to rise slowly from sitting to standing position*

**A score of 4 or more is considered at RISK FOR FALLING**

**Total....**

Recent changes in Level of Independence  Sensory changes  Communication difficulties  **Risk for Falling** communicated to patient/caregiver

\_\_\_\_\_  
 Patient/Caregiver Signature

\_\_\_\_\_  
 Clinician's Signature

\_\_\_\_\_  
 Date



PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

### FALL PRECAUTIONS

Please check the precautions that apply to THIS patient.

- 1. Guard assist for all ambulation and transfers
- 2. Keep pathways free of clutter, electric cords, oxygen tubing pets, scatter rugs, etc.
- 3. Report damaged or improper use of equipment
- 4. Adequate lighting especially at night
- 5. Special care on the stairs – hand rails etc...
- 6. Dry floor, shower mats in and out
- 7. Keeping equipment within the patient's reach – wear, PERS (Personal Emergency Response System)
- 8. Appropriate foot wear
- 9. Encourage the patient to ask for assistance when transferring or ambulating
- 10. Report falls on non-service hours
- 11. Alert the office to med changes and non-compliance
- 12. Other
- 13. Other

## FALL PRECAUTIONS

- Unsteady Gait    Frail    Weakness  
 Poor Endurance    SOB    Balance  
 Other: \_\_\_\_\_

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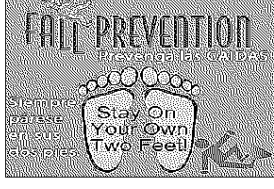
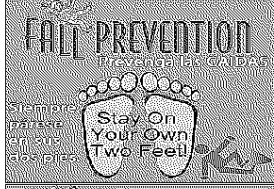
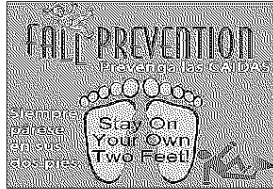
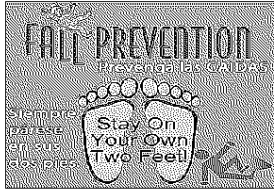
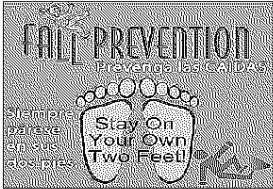
## FALL PRECAUTIONS

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 Poor Endurance    SOB    Balance  
 Other: \_\_\_\_\_

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