

# Fall Risk Assessment Tool

<p>If patient has any of the following, check the box and apply Fall Risk Interventions as indicated.</p> <p><b>High Fall Risk</b> – Implement High Fall Risk interventions per protocol</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of more than one fall within 6 months.</li> <li><input type="checkbox"/> Patient is deemed high fall-risk per protocol (e.g. seizure precautions)</li> </ul> <p><b>Low Fall Risk</b> – Implement Low Fall Risk Interventions per protocol</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete paralysis or completely immobilized</li> </ul> <p>Do not continue with Fall Risk Score Calculation if any of above conditions are checked.</p>	
<p><b>FALL RISK SCORE CALCULATION</b> – Select the appropriate option in each category. Add all points to calculate Fall Risk Score. (If no option is selected, score for category is 0)</p>	<b>Points</b>
<p><b>Age:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 60-69 years (1 pt)</li> <li><input type="checkbox"/> 70 -9 years (2 pts)</li> <li><input type="checkbox"/> Greater than or equal to 80 years (3 pts)</li> </ul>	
<p><b>Fall History:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One fall within 6 months (5 pts)</li> </ul>	
<p><b>Elimination, Bowel and Urine:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Incontinence (2 pts)</li> <li><input type="checkbox"/> Urgency or frequency (2 pts)</li> <li><input type="checkbox"/> Urgency/frequency and incontinence (4 pts)</li> </ul>	
<p><b>Medications:</b> Includes PCA/opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> On 1 high fall risk drug (3 pts)</li> <li><input type="checkbox"/> On 2 or more high fall risk drugs (5 pts)</li> <li><input type="checkbox"/> Sedated procedure within past 24 hours (7 pts)</li> </ul>	
<p><b>Patient Care Equipment:</b> Any equipment that tethers patient (e.g. IV infusion, chest tube, indwelling catheter, SCDs, etc)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One present (1 pt)</li> <li><input type="checkbox"/> Two present (2 pts)</li> <li><input type="checkbox"/> 3 or more present (3 pts)</li> </ul>	
<p><b>Mobility:</b> (Choose all that apply and add points together)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires assistance or supervision for mobility, transfer, or ambulation (2 pts)</li> <li><input type="checkbox"/> Unsteady gait (2 pts)</li> <li><input type="checkbox"/> Visual or auditory impairment affecting mobility (2 pts)</li> </ul>	
<p><b>Cognition:</b> (Choose all that apply and add points together)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Altered awareness of immediate physical environment (1 pt)</li> <li><input type="checkbox"/> Impulsive (2 pts)</li> <li><input type="checkbox"/> Lack of understanding of one’s physical and cognitive limitations (4 pts)</li> </ul>	
<p>Total Fall Risk Score (Sum of all points per category)</p>	
<p><b>SCORING: 6-13 Total Points = Moderate Fall Risk, &gt;13 Total Points = High Fall Risk</b></p>	