

## MHCA Fall Prevention Mentorship Program: Fall Risk Assessment

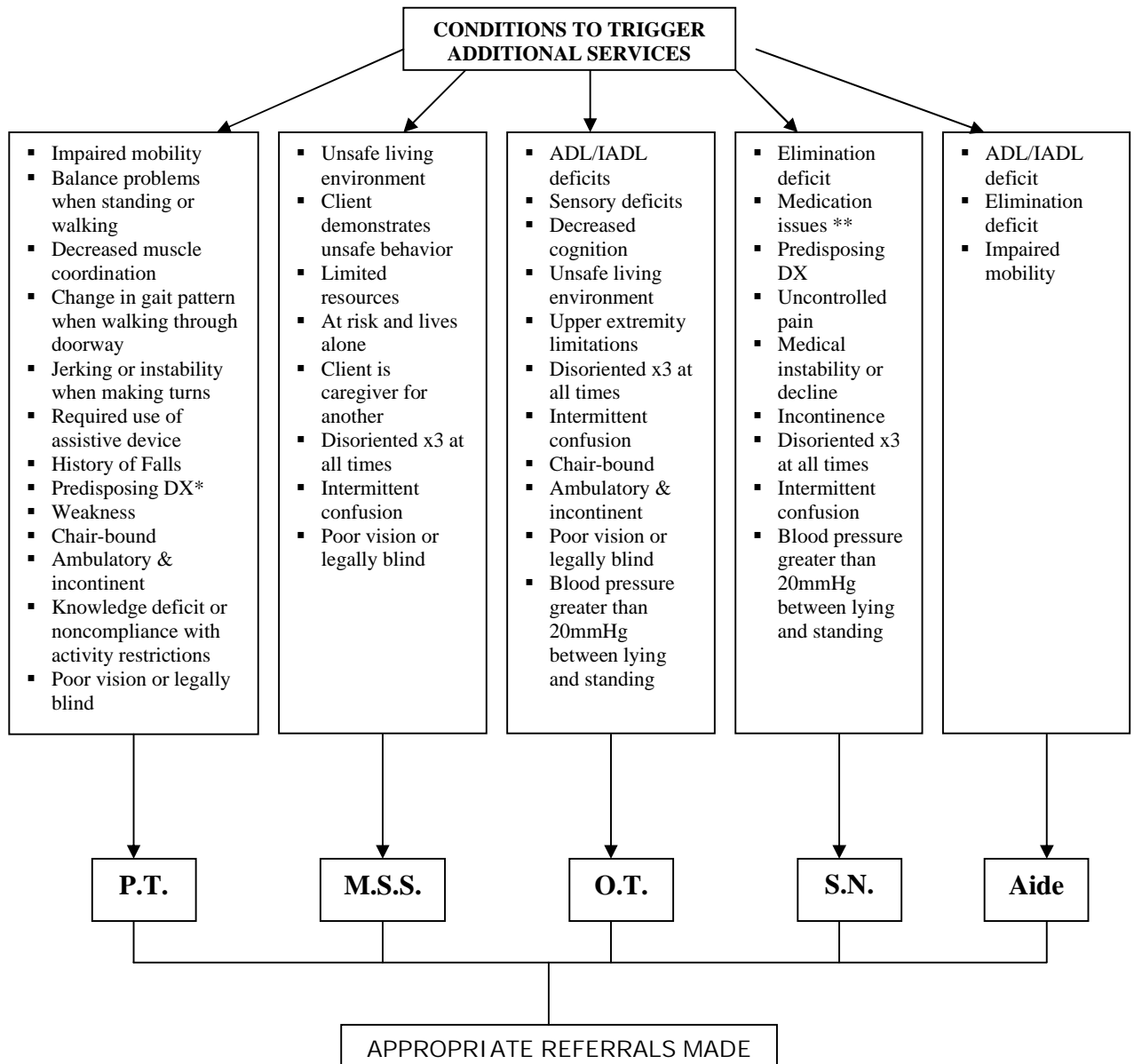
Patient Name: \_\_\_\_\_ I.D.: \_\_\_\_\_ Date: \_\_\_\_\_

Admission       Resumption       Recert       Other \_\_\_\_\_

**Instructions:** Assess client using parameters listed below. Assign corresponding score to best describe client in appropriate assessment column. Add numbers to obtain the total score. Complete interventions.

Parameter	Score	Patient Status/Condition	Date	
<b>A</b>	<b>Level of Consciousness Mental Status</b>	0	Alert and oriented X3	
		2	Disoriented x 3 at all times	
		4	Intermittent confusion	
<b>B</b>	<b>History of Falls past 3 Months</b>	0	No Falls	
		2	1-2 falls (in past 3 months)	
		4	3 or more falls (in past 3 months)	
<b>C</b>	<b>Ambulation/ Elimination Status</b>	0	Ambulatory & continent	
		2	Chairbound (requires restraints & assist w/elimination)	
		4	Ambulatory/incontinent	
<b>D</b>	<b>Vision Status</b>	0	Adequate (w/ or w/o glasses)	
		2	Poor (with or without glasses)	
		4	Legally blind	
<b>E</b>	<b>Gait/Balance</b> Assess gait/balance - have client stand without holding onto anything; walk forward; walk through doorway; make a turn.	0	Normal/safe gait and balance	
		1	Requires use of assistive device (cane, w/c, furniture.)	
		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	
<b>F</b>	<b>Systolic Blood Pressure</b>	0	No noted drop in blood pressure between lying and standing	
		2	Drop < 20mmHg between lying and standing	
		4	Drop > 20mmHg between lying and standing	
<b>G</b>	<b>Medications</b>	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 past 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	
<b>H</b>	<b>Predisposing Diseases</b>	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>STAFF COMPLETING</b>			<b>TOTAL SCORE</b>	
<b>Grade</b>	<b>Severity</b>	<b>Intervention-Place check mark in box of interventions implemented</b>		
0-5	Mild	<input type="checkbox"/> Issue preventing falls guideline <input type="checkbox"/> Consider Time Up & Go Assessment <a href="http://www.homehealthquality.org/shared/content/hhqi_campaign/bpip_falls_prevention/Falls%20Prevention%20BPIP_bbk%20final%2011.5.pdf">http://www.homehealthquality.org/shared/content/hhqi_campaign/bpip_falls_prevention/Falls%20Prevention%20BPIP_bbk%20final%2011.5.pdf</a> (page 24) <input type="checkbox"/> Review w/client/caregiver/family safety precautions		
6-11	Moderate	<input type="checkbox"/> All above interventions <input type="checkbox"/> Evaluate for R.N., P.T., O.T., M.S.W., HHA referral <input type="checkbox"/> Evaluate for Lifeline <input type="checkbox"/> Encourage family/caregiver to stay with client if/when appropriate <input type="checkbox"/> Notify Physician for identified medication adverse interaction <input type="checkbox"/> When appropriate, encourage caregiver to frequently check client and have bedside commode or easy access to bathroom		
12+	Severe	<input type="checkbox"/> All of above interventions <input type="checkbox"/> Obtain order for R.N., P.T., O.T., M.S.W., &/or HHA referrals <input type="checkbox"/> Evaluate for hospital bed <input type="checkbox"/> Evaluate for wheelchair if appropriate <input type="checkbox"/> Encourage family that someone stay with client at all times <input type="checkbox"/> Encourage family/caregiver to obtain Lifeline		

FALL RISK ASSESSMENT REFERRAL DECISION TREE



Check all additional requested services:

- SN    
  PT    
  OT    
  MSS    
  Aide    
  Other: \_\_\_\_\_

If no additional services requested, check reason:

- Discipline already ordered.    
  Pt has been assessed by this discipline w/in last 30 days.  
 Patient refused additional discipline.  
 Comments: \_\_\_\_\_

\* Predisposing diagnosis: hypertension, vertigo, CVA, Parkinson's, loss of limb(s), seizures, arthritis, osteoporosis, fractures

\*\* Medication issues: Consider the number and type of medication (anesthetics, antihistamines, antihypertensives, antiseizures, benzodiazepines, cathartics, diuretics, hypoglycemics, narcotics, psychotropics, sedatives)