FALL RISK ASSESSMENT

INSTRUCTIONS: Assess the resident status in the eight clinical condition parameters listed (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 more, the resident may be considered at HIGH RISK for potential falls.** An intervention should be initiated immediately and documented on the care/service plan.

PARAMETER	SCORE	RESIDENT STATUS/CONDITION	1	2	3	4
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 the past 3 months				
	2	1-2 FALLS in past 3 months				
	4	3 OR MORE FALLS in past 3 months				
C Ambulatory & Elimination Status	0	AMBULATORY/CONTINENT				
	2	CHAIR BOUND – may require assistance 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; make a turn.					
If total is greater than 1 – refer to Rehab Dept. for screening	0	GAIT/BALANCE normal				
	1	Balance problem while standing				
	1	Balance problem while walking				
	1	Decreased muscular coordination				
	1	Change in gait pattern while walking through doorway				
	1	Jerking or unstable when making turns				
	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 20mm 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, Antiseizures, Benzodiazepines, Cathartics, Diuretics, Hypoglycemics, Narcotics, Psychotropics, Sedatives/Hypnotics.					
If total is greater than 2 – refer to physician or pharmacy consultant for assessment.	0	NONE of these medications taken currently or within past 7 days				
	2	TAKES 1-2 of these meds currently and/or within past 7 days				
	4	TAKES 3-4 of these meds currently and/or within past 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 Conditions or Diseases	Respond below based on the following predisposing conditions: Hypotension, Vertigo, CVA, Parkinson's, Loss of Limb(s), Arthritis, Osteoporosis, Fractures.					
	0	NONE PRESENT				
	2	1-2 PRESENT				
	4	3 OR MORE PRESENT				
		TOTAL SCORES				

ASSESSMENT	SIGNATURE/TITLE	DATE	ASSESSMENT	SIGNATURE/TITLE	DATE
1.			3.		
2.			4.		

RESIDENT NAME: _____ Room # _____