

Johns Hopkins
Fall Risk Assessment Tool

If patient has any of the following conditions, check the box and apply Fall Risk interventions as indicated.

High Fall Risk - Implement High Fall Risk interventions per protocol

- History of more than one fall within 6 months before admission
- Patient has experienced a fall during this hospitalization
- Patient is deemed high fall-risk per protocol (e.g., seizure precautions)

Low Fall Risk - Implement Low Fall Risk interventions per protocol

- Complete paralysis or completely immobilized

Do not continue with Fall Risk Score Calculation if any of the above conditions are checked.

FALL RISK SCORE CALCULATION – 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)	Points
Age (<i>single-select</i>) <ul style="list-style-type: none"> <input type="checkbox"/> 60 - 69 years (1 point) <input type="checkbox"/> 70 -79 years (2 points) <input type="checkbox"/> greater than or equal to 80 years (3 points) 	
Fall History (<i>single-select</i>) <ul style="list-style-type: none"> <input type="checkbox"/> One fall within 6 months before admission (5 points) 	
Elimination, Bowel and Urine (<i>single-select</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Incontinence (2 points) <input type="checkbox"/> Urgency or frequency (2 points) <input type="checkbox"/> Urgency/frequency and incontinence (4 points) 	
Medications: Includes PCA/opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics (<i>single-select</i>) <ul style="list-style-type: none"> <input type="checkbox"/> On 1 high fall risk drug (3 points) <input type="checkbox"/> On 2 or more high fall risk drugs (5 points) <input type="checkbox"/> Sedated procedure within past 24 hours (7 points) 	
Patient Care Equipment: Any equipment that tethers patient (e.g., IV infusion, chest tube, indwelling catheter, SCDs, etc.) (<i>single-select</i>) <ul style="list-style-type: none"> <input type="checkbox"/> One present (1 point) <input type="checkbox"/> Two present (2 points) <input type="checkbox"/> 3 or more present (3 points) 	
Mobility (<i>multi-select; choose all that apply and add points together</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Requires assistance or supervision for mobility, transfer, or ambulation (2 points) <input type="checkbox"/> Unsteady gait (2 points) <input type="checkbox"/> Visual or auditory impairment affecting mobility (2 points) 	
Cognition (<i>multi-select; choose all that apply and add points together</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Altered awareness of immediate physical environment (1 point) <input type="checkbox"/> Impulsive (2 points) <input type="checkbox"/> Lack of understanding of one's physical and cognitive limitations (4 points) 	
Total Fall Risk Score (Sum of all points per category)	
SCORING: 6-13 Total Points = Moderate Fall Risk, >13 Total Points = High Fall Risk	