

# FALL RISK ASSESSMENT FORM

Resident Name-		Rm-	
Check off reason for assessment			
Initial Assessment		Re-Assessment after fall	
Re-Assessment (periodic)		Change in Status	
Categories	Circle reference number(s) in each category	Descriptions	Total reference numbers by category
Recent Fall History	0	NO FALLS in past 3 months	
	2	1 - 2 FALLS in past 3 months	
	4	3 OR MORE FALLS in past 3 months	
Ambulation / Continence	0	AMBULATORY/CONTINENT	
	2	CHAIR BOUND - Requires assist with elimination	
	4	AMBULATORY/INCONTINENT	
Mental Status	0	ALERT (oriented X 3) OR COMATOSE (no voluntary or involuntary movement)	
	2	DISORIENTED X 3 at all times	
	4	INTERMITTENT CONFUSION / forgets limitations	
Vision	0	ADEQUATE (with or without glasses)	
	2	POOR (with or without glasses)	
	4	LEGALLY BLIND	
Balance	To assess, have resident 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	Unstable when making turns	
	1	Requires use of assistive devices (i.e., cane, w/c, walker, furniture)	
	1	Inappropriate use of assistive device / footwear	
Blood Pressure (Systolic)	0	NO NOTED DROP between lying and standing	
	2	Drop LESS THAN 20 mm Hg between lying and standing in 3 minutes	
	4	Drop MORE THAN 20 mm Hg between lying and standing in 3 minutes	
Medications	Diuretics (somnolence, volume depletion, electrolyte disturbance, urgency to rush to bathroom), Psychoactives: Benzodiazepines (i.e. Ativan, Halcion), Phenothiazines, Antidepressants, and antipsychotics (i.e., Mellaril and Haldol), Narcotics, Anticonvulsant stabilizers, Cardiovascular medications, Corticosteroids (can adversely effect muscle function), or any medication that adversely affects muscle function, coordination, and physical stability.		
	0	NONE of these medications taken currently or within last 7 days	
	2	TAKES 1 - 2 of these medications currently and/or within last 7 days	
	4	TAKES 3 - 4 of these medications currently and/or within last 7 days	
	1	If resident has had a change in medications and/or change in dosage in the past 5 days = score 1 additional point	
Predisposing Conditions or Diseases	Gastrointestinal: Bleeding, Diarrhea, Defecation Syncope, Postprandial Syncope, Genitourinary: Micturition syncope, Incontinence, Nocturia (80% of the elderly experience nocturia and going to the bathroom at night is a major risk factor), Cardiovascular: Myocardial infarction, Arrhythmia, Orthostatic Hypotension, Musculoskeletal disorders: Arthritis, Inflammatory Joint Disease, Osteoarthritis Proximal Myopathy, Deconditioning, Neurologic: Parkinsonian, Dementia, Stroke, Transient Ischemic Attack, Delirium, Myelopathy, Vertebrobasilar Insufficiency, Carotic Sinus Supersensitivity, Cerebellar Disorder, Peripheral Neuropathy, Diabetes, B12 Deficiency, Multiple Myeloma, Vasculitis, Chronic dehydration		
	0	NONE PRESENT	
	2	1 - 2 PRESENT	
	4	3 OR MORE PRESENT	
A TOTAL SCORE OF 10 OR MORE INDICATES A RESIDENT "AT RISK" FOR FALLS.		TOTAL SCORE---->	