Fall Risk Assessment

Resident Name: _____ Physician: _____

Room #: _____ Diagnoses: _____

Use this form as a guide to assess the resident's fall risk factors in the categories listed below through physical examination, observation and interaction with resident. For each category, place a check next to characteristic that best describes resident. The shaded characteristics indicate increasing levels of risk. The greater the number of checks belonging to that category, the greater risk of falls. Under evaluation describe how this category affects the resident. ***Fall management applies for all residents, especially for those who:***

- ***Were recently admitted or have a change in rooms***
- ***Were recently hospitalized***
- ***Have a change in physical/emotional status***
- ***Have experienced a recent fall***

**** Any identified risk factor should be addressed on the care plan.***

Refer to "Restraints & Falls: Alternative Interventions" tool.

Key:

Low Risk	Moderate Risk	High Risk

	CATEGORY	CHARACTERISTIC	1 (Assessment Date #1)	2 (Assessment Date #2)	3 (Assessment Date #3)	4 (Assessment Date #4)	EVALUATION
MENTAL STATUS:	Level of Consciousness	Alert, oriented, or comatose					
		Knows own limits, reliable safety awareness					
		Diminished safety awareness					
		Poor recall and judgment					
MOBILITY:	Ambulatory Aid	Ambulatory without assistance					
		Bed rest/wheelchair/no assistance needed					
		Crutches/cane/walker needed					
		Furniture used for support					
		Wheelchair ambulation assistance needed					
	Gait	Normal walking/striding without hesitation					
		Weak walking and short, shuffled steps, lightly touching furniture for support					
		Impaired walking with difficulty rising from chair, head down, grasps furniture					
	Balance	Able to stand/walk, maintain body alignment					
		Balance problem while standing					
		Balance problem while walking, stoop shoulders, able to lift head					
		Balance problem while walking, stoop shoulders, unable to lift head					
		Instability while turning					
	Blood Pressure	NO noted drop between lying and standing					
		Drop LESS than 20 mm Hg between lying and standing					
		Drop MORE than 20 mm Hg between lying and standing					
	External Applications	No external devices used (IV, heparin lock, feeding tube, cast/brace, foley catheter)					
		IV or heparin lock is present					
		Feeding tube is present					
		Casts/braces are present					
		Resident uses a foley catheter					

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MEDICAL STATUS/ HISTORY:

CATEGORY	CHARACTERISTIC	Assessment Date #1	Assessment Date #2	Assessment Date #3	Assessment Date #4	EVALUATION
Fall History	NO falls in past 3 months					
	1-2 falls in past 3 months					
	3 or more falls in past 3 months					
Medications	*Respond below based on these medications: anesthetics, antihistamines, antihypertensives, antiseizures, benzodiazepines, cathartics, diuretics, hypoglycemics, narcotics, psychotropics, sedatives/ hypnotics* Currently takes none of these medications					
	Currently takes 1-2 of these medications					
	Currently takes 3-4 of these medications					
	A change in medication and/or dosage in past 5 days					
Continence Status	Ambulatory/continent					
	Wheelchair or ambulatory aid/continent					
	Ambulatory/incontinent					
	Wheelchair or ambulatory aid/incontinent					
Vision/Hearing	Adequate (with or without glasses/hearing aid)					
	Poor (with or without glasses/hearing aid)					
	Legally Blind or very hard of hearing/deaf					
Predisposing Diseases/ Conditions	*Respond below based on these conditions: hypotension, vertigo, CVA, Parkinson's, loss of limb(s), seizures, arthritis, osteoporosis, fractures, dementia, delirium, anemia, wandering, anger* None present					
	1-2 present					
	3 or more present					

1.	Assessor Name: _____ Date: _____	2.	Assessor Name: _____ Date: _____
3.	Assessor Name: _____ Date: _____	4.	Assessor Name: _____ Date: _____

Document available at www.primaris.org

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