



MNRS
Maternal/Newborn
Record System™

Fall/Nutritional/Skin Assessments

To order call: **1.800.245.4080**

Re-order No. **5730N**

Allergies None Latex Food Other _____

FALL RISK ASSESSMENT Low Risk: Less than 3 points
High Risk: Greater than or equal to 3 points *Please note abnormal findings and/or referrals needed on back, reassess as needed.*

Date/Time →																			
Fall History																			
Elimination																			
Mobility																			
Mental Status																			
Medications																			
TOTAL																			
Initials																			

Fall History: 0 = No 1 = Unknown 2 = Yes, prior to this admission 3 = Yes, on this admission	Elimination: 0 = Independent 1 = Needs assist 2 = Frequency or diarrhea 3 = Incontinent	Mobility: 0 = No gait disturbance 1 = Unsteady gait/no assist required 2 = Assistance/device required 3 = Unable to ambulate or transfer	Mental Status: 0 = Alert, oriented x 3 1 = Periodic confusion 2 = Confused at all times 3 = Unresponsive, comatose	Medications (psychotropics, antipsychotics, tranquilizers, anticonvulsants, sedative hypnotics, anxiolytics): 0 = No meds administered 1 = Received 1 or more medications
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NUTRITIONAL ASSESSMENT Y = Yes N = No NA = Not applicable *Please note abnormal findings and/or referrals needed on back, reassess as needed.*

Date/Time →																			
Diet (type)																			
Supplements																			
Ability to chew/swallow																			
Ability to feed self																			
Appetite: E = Excellent G = Good F = Fair P = Poor																			
Fluid intake sufficient																			
Well balanced diet																			
Medication/Food Interactions																			
Initials																			

SKIN ASSESSMENT Total score of 6 or above represents High Risk *Please note abnormal findings and/or referrals needed on back, reassess as needed.*

Date/Time →																			
Level of Consciousness																			
Ambulation/Mobility																			
Bowel/Bladder																			
Nutrition/Weight Status																			
Fluid Intake																			
Edema																			
TOTAL																			
Initials																			

Level of Consciousness: 0 = Alert 1 = Lethargic 2 = Semi-comatose 3 = Comatose	Ambulation/Mobility: 0 = Independent 1 = Limited assistance 2 = Chairfast 3 = Bedfast	Bowel/Bladder: 0 = Continent 1 = Occasionally incontinent 2 = Usually incontinent 3 = Incontinent	Nutrition/Weight Status: 0 = Excellent 1 = Good 2 = Fair 3 = Poor	Fluid Intake: 0 = 2000 milliliters 1 = 1000-2000 milliliters 2 = 500-1000 milliliters 3 = Less than 500 milliliters	Edema: 0 = None present 1 = 1+ 2 = 2+ 3 = 3-4+
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REFERRALS

<input type="checkbox"/> RN Case Manager	<input type="checkbox"/> Wound Care RN	Notes: _____ _____ _____
<input type="checkbox"/> Home Care RN	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Nutritionist/Dietician	<input type="checkbox"/> Other _____	

PROGRESS NOTES

Date _____ Time _____ Year _____

www.BriggsHealthcare.com

SAMPLE

(800) 247-2343

SIGNATURE KEY

Initials	Signature	Initials	Signature