

## FALL RISK EVALUATION

**INSTRUCTIONS:** Evaluate the resident's status in the eight clinical condition parameters listed below (A-H) by assigning the corresponding score which best describes the resident in the appropriate evaluation column. Add the column of numbers to obtain the Total Score. If the total score is 10 or greater, the resident should be considered at HIGH RISK for potential falls. A prevention protocol should be initiated immediately and recorded on the care plan, including interventions, goals, etc.

			DATE ▶				
PARAMETER	SCORE	RESIDENT STATUS/CONDITION		1	2	3	4
<b>A. LEVEL OF CONSCIOUSNESS/ MENTAL STATUS</b>	<b>0</b>	<b>ALERT</b> - (oriented x 3) <b>OR COMATOSE</b>					
	<b>2</b>	<b>DISORIENTED</b> x 3 at all times					
	<b>4</b>	<b>INTERMITTENT CONFUSION</b>					
<b>B. HISTORY OF FALLS (Past 3 months)</b>	<b>0</b>	<b>NO FALLS</b> in past 3 months					
	<b>2</b>	<b>1 - 2 FALLS</b> in past 3 months					
	<b>4</b>	<b>3 OR MORE FALLS</b> in past 3 months					
<b>C. AMBULATION/ ELIMINATION STATUS</b>	<b>0</b>	<b>AMBULATORY/CONTINENT</b>					
	<b>2</b>	<b>CHAIR BOUND</b> - Requires assist with elimination					
	<b>4</b>	<b>AMBULATORY/INCONTINENT</b>					
<b>D. VISION STATUS</b>	<b>0</b>	<b>ADEQUATE</b> (with or without glasses)					
	<b>2</b>	<b>POOR</b> (with or without glasses)					
	<b>4</b>	<b>LEGALLY BLIND</b>					
<b>E. GAIT/BALANCE</b>	To evaluate the resident's Gait/Balance, have him/her stand on both feet without holding onto anything; walk straight forward; walk through a doorway; and make a turn. If N/A selected, do not select any other items.						
	<b>2</b>	<b>N/A</b> - not able to perform function					
	<b>0</b>	Gait/Balance <b>normal</b>					
	<b>1</b>	<b>Balance problem while standing</b>					
	<b>1</b>	<b>Balance problem while walking</b>					
	<b>1</b>	<b>Decreased muscular coordination</b>					
	<b>1</b>	<b>Change in gait pattern when walking through doorway</b>					
	<b>1</b>	<b>Gait Problems:</b> Jerking, unstable making turns, unsteady or shuffling gait					
<b>F. SYSTOLIC BLOOD PRESSURE</b>	<b>0</b>	<b>NO NOTED DROP</b> between lying and standing					
	<b>2</b>	Drop <b>LESS THAN 20 mm Hg</b> between lying and standing					
	<b>4</b>	Drop <b>MORE THAN 20 mm Hg</b> between lying and standing					
<b>G. MEDICATIONS</b>	Antipsychotics, Antianxiety Agents, Antidepressants, Hypnotics, Cardiovascular Medications, Diuretics, Narcotic Analgesics, Neuroleptics, Other Medications that cause lethargy or confusion						
	<b>0</b>	<b>NONE</b> of these medications taken currently or within last 7 days					
	<b>2</b>	<b>TAKES 1 - 2</b> of these medications currently and/or within last 7 days					
	<b>4</b>	<b>TAKES 3 - 4</b> of these medications currently and/or within last 7 days					
<b>H. PREDISPOSING DISEASES</b>	Circulatory/Heart, Neuromuscular/Functional, Orthopedic, Perceptual, Psychiatric/Cognitive, Infection, Pain/Headache, Fatigue/Weakness/Weight Loss, Vitamin D Deficiency, History of Falls						
	<b>0</b>	<b>NONE PRESENT</b>					
	<b>2</b>	<b>1 - 2 PRESENT</b>					
	<b>4</b>	<b>3 OR MORE PRESENT</b>					
<b>TOTAL SCORE</b>			<b>Total score of 10 or above represents HIGH RISK</b>				
SIGNATURE/TITLE/DATE			SIGNATURE/TITLE/DATE				
<b>1</b>			<b>3</b>				
<b>2</b>			<b>4</b>				

NAME-Last                      First                      Middle                      Attending Physician                      Record No.                      Room/Bed

## FALL RISK EVALUATION

**INSTRUCTIONS:** Evaluate the resident's status in the eight clinical condition parameters listed below (A-H) by assigning the corresponding score which best describes the resident in the appropriate evaluation column. Add the column of numbers to obtain the Total Score. If the total score is 10 or greater, the resident should be considered at HIGH RISK for potential falls. A prevention protocol should be initiated immediately and recorded on the care plan, including interventions, goals, etc.

			DATE ▶				
PARAMETER	SCORE	RESIDENT STATUS/CONDITION		5	6	7	8
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 past 3 months					
	2	1 - 2 FALLS in past 3 months					
	4	3 OR MORE FALLS in past 3 months					
C. AMBULATION/ ELIMINATION STATUS	0	AMBULATORY/CONTINENT					
	2	CHAIR BOUND - Requires assist 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 evaluate the resident's Gait/Balance, have him/her stand on both feet without holding onto anything; walk straight forward; walk through a doorway; and make a turn. If N/A selected, do not select any other items.						
	2	N/A - not able to perform function					
	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	Gait Problems: Jerking, unstable making turns, unsteady or shuffling gait					
F. SYSTOLIC BLOOD PRESSURE	0	NO NOTED DROP between lying and standing					
	2	Drop LESS THAN 20 mm Hg between lying and standing					
	4	Drop MORE THAN 20 mm Hg between lying and standing					
G. MEDICATIONS	Antipsychotics, Antianxiety Agents, Antidepressants, Hypnotics, Cardiovascular Medications, Diuretics, Narcotic Analgesics, Neuroleptics, Other Medications that cause lethargy or confusion						
	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 medication and/or change in dosage in the past 5 days = score 1 additional point.					
H. PREDISPOSING DISEASES	Circulatory/Heart, Neuromuscular/Functional, Orthopedic, Perceptual, Psychiatric/Cognitive, Infection, Pain/Headache, Fatigue/Weakness/Weight Loss, Vitamin D Deficiency, History of Falls						
	0	NONE PRESENT					
	2	1 - 2 PRESENT					
	4	3 OR MORE PRESENT					
<b>TOTAL SCORE</b>		Total score of 10 or above represents HIGH RISK					
SIGNATURE/TITLE/DATE			SIGNATURE/TITLE/DATE				
5		7					
6		8					

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed