

Fall Risk Assessment Template

This is one of the greatest health threats to all elderly patients but particularly to those who are in long-term residential care. Through the review of seven categories, a score is developed which indicates whether the patient is at high risk or low risk of falls.

The screenshot shows a web-based 'Fall Risk Assessment' form. At the top right, there is a date field containing '2/23/2009'. The title 'Fall Risk Assesment' is centered at the top. Below the title, there is a checkbox and the text: 'Check this box if you are unable to complete this assessment to due medical or other reasons.' The form is divided into eight numbered categories, each with several checkboxes and some with 'Instructions' pop-up buttons. Category 1: Level of Consciousness/Mental Status (Alert, Disoriented, Intermittent Confusion). Category 2: History of Falls (In past 3 months) (No Falls, 1-2 Falls, 3 or more Falls). Category 3: Ambulation/Elimination Status (Ambulatory/Continent, Chair Bound, Ambulatory/Incontinent). Category 4: Vision Status (With or without glasses) (Adequate, Poor, Legally Blind). Category 5: Gait/Balance (Gait/Balance Normal, Balance problem while standing, Balance Problem while walking, Decreased muscular coordination, Requires usage of assistive devices, Jerking or unstable when making turns, Change in gait pattern when walking through the doorway). Category 6: Systolic Blood Pressure (Between lying and standing) (No noted drop, Drop LESS THAN 20 mm Hg, Drop MORE THAN 20 mm Hg). Category 7: Medications (NONE of these medication taken currently or within last 7 days, Takes 1-2 of these medications currently and/or within last 7 days, Takes 3-4 of these medications currently and/or within last 7 days, Change in medication or dosage in last five days). Category 8: Predisposing Diseases (None present, 1-2 present, 3 or more present). At the bottom right, there is a 'Total Score' field with the value '0' and a 'Past Scores' button. Below that, a box states 'Total score above 10 indicates HIGH'. On the right side of the form, there are two buttons: 'Return' and 'Guidelines'.

In addition to the seven categories for review with the elements of each, the template has three Instruction pop-ups.

One Instruction pop-up is on the **Gait/Balance Category**

12/23/2009

Fall Risk Assesment

Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

Alert
 Disoriented
 Intermittent Confusion

3. Ambulation/Elimination Status

Ambulatory/Continent
 Chair Bound (Requires restraints and
 Ambulatory/Incontinent

5. Gait/Balance Instructions

Gait/Balance Normal
 Balance problem while standing
 Balance Problem while walking
 Decreased muscular coordination
 Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
 Jerking or unstable when making turns
 Change in gait pattern when walking through the doorway

7. Medications Instructions

NONE of thee medication taken currently or within last 7 days
 Takes 1-2 of these medications currently and/or within last 7 days
 Takes 3-4 of these medicatons currently and/or within last 7 days
 Change in medication or dosage in last five days

Fall Gait Instr

To assess the resident's Gait/Balance, have him or her stand on both feet without holding onto anything, walk straight forward; walk through a doorway, and make a turn.

OK Cancel

6. Systolic Blood Pressure (Between lying and standing)

No noted drop
 Drop LESS THAN 20 mm Hg
 Drop MORE THAN 20 mm Hg

8. Predisposing Diseases Instructions

None present
 1-2 present
 3 or more present

Total Score Past Scores

Total score above 10 indicates HIGH

Return

Guidelines

Another instruction pop-up is on the **Medications Category**

12/23/2009

Fall Risk Assesment

Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

Alert
 Disoriented
 Intermittent Confusion

3. Ambulation/Elimination Status

Ambulatory/Continent
 Chair Bound (Requires restraints and assist with
 Ambulatory/Incontinent

5. Gait/Balance Instructions

Gait/Balance Normal
 Balance problem while standing
 Balance Problem while walking
 Decreased muscular coordination
 Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
 Jerking or unstable when making turns
 Change in gait pattern when walking through the doorway

7. Medications Instructions

NONE of thee medication taken currently or within last 7 days
 Takes 1-2 of these medications currently and/or within last 7 days
 Takes 3-4 of these medicatons currently and/or within last 7 days
 Change in medication or dosage in last five days

2. History of Falls (In past 3 months)

No Falls
 1-2 Falls
 3 or more Falls

4. Vision Status (With or without glasses)

Normal
 Impaired

Fall Meds Instr

Respond based on the following types of medications:

- Anesthetics
- Antihistamines
- Antihypertensives
- Antiseizure
- Bendodiazepines
- Cathartics
- Diuretics
- Hypoglycemics
- Narcotics
- Psychotropics
- Sedatives/ Hypnotics

OK Cancel

Return

Guidelines

The last instruction button is on **Predisposing Disease Category**

12/23/2009

Fall Risk Assesment

Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

Alert
 Disoriented
 Intermittent Confusion

3. Ambulation/Elimination Status

Ambulatory/Continent
 Chair Bound (Requires assistance)
 Ambulatory/Incontinent

5. Gait/Balance

Gait/Balance Normal
 Balance problem without walking
 Balance Problem while walking
 Decreased muscular coordination
 Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
 Jerking or unstable when making turns
 Change in gait pattern when walking through the doorway

7. Medications

NONE of these medication taken currently or within last 7 days
 Takes 1-2 of these medications currently and/or within last 7 days
 Takes 3-4 of these medications currently and/or within last 7 days
 Change in medication or dosage in last five days

2. History of Falls (In past 3 months)

No Falls
 1-2 Falls
 3 or more Falls

4. Vision Status (With or without glasses)

Adequate

8. Predisposing Diseases

None present
 1-2 present
 3 or more present

Total Score Past Scores

Total score above 10 indicates HIGH

[Return](#)

[Guidelines](#)

Fall Predis Instr X

Respond below based on the following predisposing conditions:
Hypotension, Vertigo, CVA, Parkinson's disease, Loss of limb(s), Seizures, Arthritis, Osteoporosis, Fractures.

Under the navigation button for NH Master at the right hand side of the template is a link to the **Guidelines for Fall Prevention**.

12/23/2009

Fall Risk Assesment

Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

Alert
 Disoriented
 Intermittent Confusion

3. Ambulation/Elimination Status

Ambulatory/Continent
 Chair Bound (Requires assistance)
 Ambulatory/Incontinent

5. Gait/Balance

Gait/Balance Normal
 Balance problem without walking
 Balance Problem while walking
 Decreased muscular coordination
 Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
 Jerking or unstable when making turns
 Change in gait pattern when walking through the doorway

7. Medications

NONE of these medication taken currently or within last 7 days
 Takes 1-2 of these medications currently and/or within last 7 days
 Takes 3-4 of these medications currently and/or within last 7 days
 Change in medication or dosage in last five days

2. History of Falls (In past 3 months)

No Falls
 1-2 Falls
 3 or more Falls

4. Vision Status (With or without glasses)

Adequate

[Return](#)

[Guidelines](#)

NH Orders Fall X

Guidelines for Fall Precaution

Inpatient/Nursing Home	Outpatient
<input type="checkbox"/> Perform and record Neuro vital signs every <input type="text" value=""/> hours for 48 hours.	<input type="checkbox"/> Patient cautioned about increased risk of falls.
<input type="checkbox"/> Pharmacy Review	<input type="checkbox"/> Patient cautioned to gain their balance and stability before beginning to walk after standing up.
<input type="checkbox"/> CBC	<input type="checkbox"/> Prescribed cane use.
<input type="checkbox"/> BMP	<input type="checkbox"/> Prescribed four pronged cane use.
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Prescribed four legged walker.
<input type="checkbox"/> EKG	<input type="checkbox"/> Recommend walking only with assistance.
<input type="checkbox"/> Consult Physical Therapy	<input type="checkbox"/> Prescribed wheelchair use.
<input type="checkbox"/> Apply Lap Buddy when up in chair.	<input type="checkbox"/> Referral to PT for evaluation for physical therapy.
<input type="checkbox"/> Apply Pelvic Restraint when up in chair.	<input type="checkbox"/> Referral to PT for evaluation for motorized wheelchair.
<input type="checkbox"/> Notify family of application of and rationale for restraint device.	<input type="checkbox"/> Home Health evaluation for safety.
<input type="checkbox"/> Implement Nursing Fall Precaution Protocol PRN.	<input type="checkbox"/> Recommend commode and bathtub device for mobility.
<input type="checkbox"/> Consult Optometry	