

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 in blue. Below the title is a red instruction: 'Check this box if you are unable to complete this assessment to due medical or other reasons.' with an unchecked checkbox. The form is divided into eight numbered categories, each with a list of items and checkboxes. Category 1 is 'Level of Consciousness/Mental Status' with options: Alert, Disoriented, Intermittent Confusion. Category 2 is 'History of Falls (In past 3 months)' with options: No Falls, 1-2 Falls, 3 or more Falls. Category 3 is 'Ambulation/Elimination Status' with options: Ambulatory/Continent, Chair Bound (Requires restraints and assist with elimination), Ambulatory/Incontinent. Category 4 is 'Vision Status (With or without glasses)' with options: Adequate, Poor, Legally Blind. Category 5 is 'Gait/Balance' with an 'Instructions' pop-up button and options: 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. Category 6 is 'Systolic Blood Pressure (Between lying and standing)' with options: No noted drop, Drop LESS THAN 20 mm Hg, Drop MORE THAN 20 mm Hg. Category 7 is 'Medications' with an 'Instructions' pop-up button and options: NONE of thee medication tatken 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. Category 8 is 'Predisposing Diseases' with an 'Instructions' pop-up button and options: None present, 1-2 present, 3 or more present. On the right side, there are two buttons: 'Return' and 'Guidelines'. At the bottom, there is a 'Total Score' field with the value '0' and a 'Past Scores' button. Below the score field is a box stating 'Total score above 10 indicates HIGH'.

2/23/2009

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

2. History of Falls (In past 3 months)

- ☐ No Falls
- ☐ 1-2 Falls
- ☐ 3 or more Falls

3. Ambulation/Elimination Status

- ☐ Ambulatory/Continent
- ☐ Chair Bound (Requires restraints and assist with elimination)
- ☐ Ambulatory/Incontinent

4. Vision Status (With or without glasses)

- ☐ Adequate
- ☐ Poor
- ☐ Legally Blind

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

6. Systolic Blood Pressure (Between lying and standing)

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

7. Medications [Instructions](#)

- ☐ NONE of thee medication tatken 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

8. Predisposing Diseases [Instructions](#)

- ☐ None present
- ☐ 1-2 present
- ☐ 3 or more present

Total Score 0 [Past Scores](#)

Total score above 10 indicates HIGH

[Return](#)

[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 assist with walking)
☐ 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 medications 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

Return
Guidelines

Total Score 0 Past Scores

Total score above 10 indicates HIGH

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 walking)
☐ 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 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)

☐ Good
☐ Poor

Fall Meds Instr

Respond based on the following types of medications:

☐ Anesthetics
☐ Antihistamines
☐ Antihypertensives
☐ Antiepileptics
☐ Benzodiazepines
☐ Cathartics
☐ Diuretics
☐ Hypoglycemics
☐ Narcotics
☐ Psychotropics
☐ Sedatives/ Hypnotics

OK Cancel

Return
Guidelines

Total Score 0 Past Scores

Total score above 10 indicates HIGH

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 when walking
☐ Balance Problem when standing
☐ 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

[Return](#)

[Guidelines](#)

Fall Predis Instr

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

[Instructions](#)

Total Score 0

Total score above 10 indicates HIGH

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 when walking
☐ Balance Problem when standing
☐ 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](#)

Guidelines for Fall Precaution

Inpatient/Nursing Home

☐ Perform and record Neuro vital signs every hours for 48 hours.

☐ Pharmacy Review

☐ CBC

☐ BMP

☐ Urinalysis

☐ EKG

☐ Consult Physical Therapy

☐ Apply Lap Buddy when up in chair.

☐ Apply Pelvic Restraint when up in chair.

☐ Notify family of application of and rationale for restraint device.

☐ Implement Nursing Fall Precaution Protocol PRN.

☐ Consult Optometry

Outpatient

☐ Patient cautioned about increased risk of falls.

☐ Patient cautioned to gain their balance and stability before beginning to walk after standing up.

☐ Prescribed cane use.

☐ Prescribed four pronged cane use.

☐ Prescribed four legged walker.

☐ Recommend walking only with assistance.

☐ Prescribed wheelchair use.

☐ Referral to PT for evaluation for physical therapy.

☐ Referral to PT for evaluation for motorized wheelchair.

☐ Home Health evaluation for safety.

☐ Recommend commode and bathtub device for mobility.