

Fall Risk Assessment Form

Admission
 Resumption
 Recert
 Post-Fall
 Other _____

Circle appropriate score for each section and total score at bottom.

Parameter		Score	Patient Status/Condition (OASIS Item)
A.	Level of Consciousness/Mental Status	0	Alert and oriented X3 (MO560)
		2	Disoriented X3 at all times (MO560)
		4	Intermittent confusion (MO560)
B.	History of Falls (past 3 months)	0	No falls
		2	1-2 falls
		4	3 or more falls
C.	Ambulation/Elimination Status	0	Ambulatory and continent (MO520; MO700)
		2	Chair bound and requires assist w/ toileting (MO520; MO700)
		4	Ambulatory and incontinent (MO520; MO700)
D.	Vision Status	0	Adequate (w/ or w/o glasses) (MO390)
		2	Poor (w/ or w/o glasses) (MO390)
		4	Legally blind (MO390)
E.	Gait and Balance	-----	Have patient stand on both feet w/o any type of assist then have walk: forward, thru a doorway, then make a turn. (Mark all that apply.) (MO700)
		0	Normal/safe gait and balance.
		1	Balance problem while standing.
		1	Balance problem while walking.
		1	Decreased muscular coordination.
		1	Change in gait pattern when walking through doorway.
		1	Jerking or unstable when making turns.
		1	Requires assistance (person, furniture/walls or device).
F.	Orthostatic Changes	0	No noted drop in blood pressure between lying and standing. No change to cardiac rhythm.
		2	Drop <20mmHg in BP between lying and standing. Increase of cardiac rhythm <20.
		4	Drop >20mmHg in BP between lying and standing. Increase of cardiac rhythm >20.
G.	Medications	-----	Based upon the following types of medications: anesthetics, antihistamines, cathartics, diuretics, antihypertensives, antiseizure, benzodiazepines, hypoglycemics, psychotropics, sedative/hypnotics. (MO780, MO790, MO800)
		0	None of these medications taken currently or w/in past 7 days.
		2	Takes 1-2 of these medications currently or w/in past 7 days.
		4	Takes 3-4 of these medications currently or w/in past 7 days.
		1	Mark additional point if patient has had a change in these medications or doses in past 5 days.
H.	Predisposing Diseases	-----	Based upon the following conditions: hypertension, vertigo, CVA, Parkinson's Disease, loss of limb(s), seizures, arthritis, osteoporosis, fractures. (MO210, MO230, MO240)
		0	None present.
		2	1-2 present.
		4	3 or more present.
I.	Equipment Issues	0	No risk factors noted.
		1	Oxygen tubing.
		1	Inappropriate or client does not consistently use assistive device.
		1	Equipment needs:
		1	Other:
TOTAL SCORE			A score of 10 or more indicates <u>high-risk for falls</u>. If score is 10 or more, complete page 3.

Patient has been informed about fall risk assessment results and safety/fall prevention recommendations:

- Yes
- No
- See visit documentation for additional instructions to patient

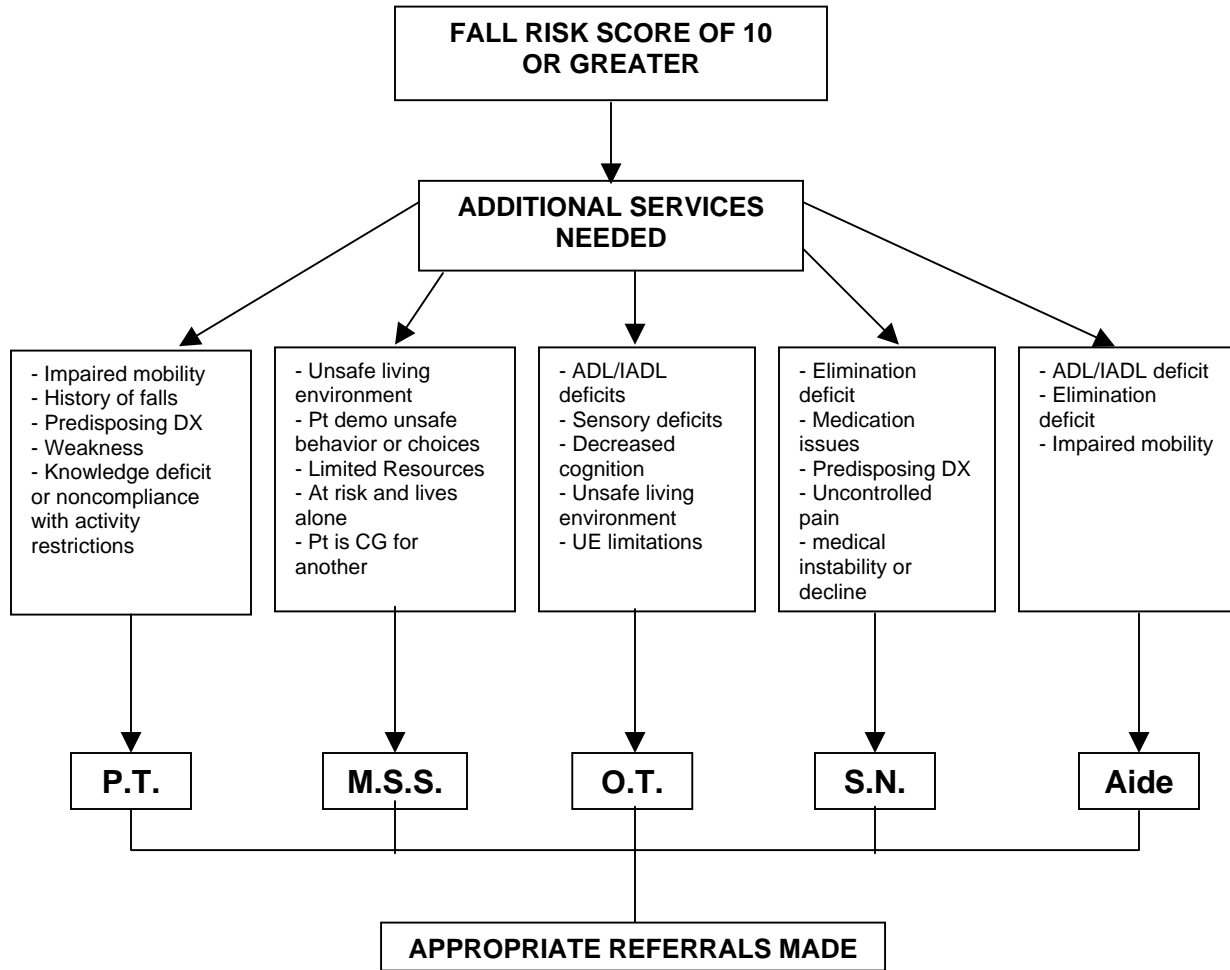
Comments:

Staff Signature _____ Date _____

Patient Name _____ Medical Record # _____

(Complete when Fall Risk score is 10 or greater.)

Fall Risk Assessment Algorithm



Additional Services Requested:

- SN
 PT
 OT
 MSS
 Aide
 Other: _____

If no additional services are requested, check reason:

- Discipline already ordered
- Pt has been assessed by this discipline w/in last 30 days
- Patient refused additional discipline
- Comments: _____



Resources for better healthcare

This material was prepared by the Delmarva Foundation and adapted by CIMRO of Nebraska, the Medicare Quality Improvement Organization for the state of Nebraska, under contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 8SOW-NE-HH-0680