

Favored Healthcare Services
Fall Risk Assessment

Resident's Name:		Age:		Physician:			
		Examiner →		Eddie RN			
		Assessment Date →					
Parameter		Score	Resident Status/Condition	Enter evaluation score below			
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 restraints & 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 assess the residents Gait/Balance, have him/her stand on both feet without holding on to anything; walk straight forward; walk through a doorway; and make a turn.					
		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	Jerking or unstable when making turns				
1	Requires use of assistive devices (I.E., Cane, W/C, Walker, Furniture)						
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	Respond below based on the following types of medications: Anesthetics, Antihistamines, Anti-hypertensive, Anti-seizures, Benzodiazepines, Cathartics, Diuretics, Hypoglycemic, Narcotics, Psychotropics, and Sedatives/Hypnotics.					
		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 medications and/or change in dosage in the past 5 days = 1 additional point				
H.	Predisposing Diseases	Respond below based on the following predisposing conditions: Hypotension, Vertigo, CVA, Parkinson's disease, Loss of limbs, Seizures, Arthritis, Osteoporosis, Fractures.					
		0	None Present				
		2	1 – 2 Present				
		4	3 or more Present				
Total score of 10 or above represents High risk			Total Score:				

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If resident scored a 10 or above, interventions should be initiated. Document interventions below and on the resident's care plan. Resident should be informed of the risk/benefits associated with each intervention.

Intervention	By:	Date Initiated:

Date Intervention Reviewed:	By:	Intervention effective? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments:

Intervention	By:	Date Initiated:

Date Intervention Reviewed:	By:	Intervention effective? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments:

Date	Notes	Initials