

**HEALTHCARE  
DEPARTMENT OF NURSING  
CRITICAL CARE DIVISION**

**FALL RISK ASSESSMENT**

**Fall Risk assessment is completed on admission and daily. Circle the appropriate score. If the total score is 3 or greater, implement the Fall Protocol.**

DATE														
RISK FACTORS	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Confusion or alteration in mental status	0	3	0	3	0	3	0	3	0	3	0	3	0	3
Known mobility impairment	0	2	0	2	0	2	0	2	0	2	0	2	0	2
Unable to use call bell reliably	0	2	0	2	0	2	0	2	0	2	0	2	0	2
History of falls	0	3	0	3	0	3	0	3	0	3	0	3	0	3
Dependent transfer	0	1	0	1	0	1	0	1	0	1	0	1	0	1
Admitted or transferred in <24 hours	0	1	0	1	0	1	0	1	0	1	0	1	0	1
Dizzy/lightheaded/syncopal	0	3	0	3	0	3	0	3	0	3	0	3	0	3
Age 70 or greater	0	1	0	1	0	1	0	1	0	1	0	1	0	1
Total														
Fall Protocol Implemented														
Initials														

Signature

Initials

Signature

Initials

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