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FALL RISK INDICATOR TOOL

PATIENT IDENTIFICATION

RESIDENT:	DATE:
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RISK FACTOR	POINTS	CHECK IF PRESENT	SCORE
Age \geq 65	1 Point	<input type="checkbox"/>
Confused / Disoriented / Hallucinating -or- Resistive Behaviors	2 Points	<input type="checkbox"/>
History of Falls within Last 12 Months	2 Points	<input type="checkbox"/>
Experiencing Pain	1 Point	<input type="checkbox"/>
Seizure Disorder -or- Recent History of Loss of Consciousness	1 Point	<input type="checkbox"/>
Receiving Psychoactive Medication (Antipsychotic, Antidepressant, Antianxiety Meds)	2 Points	<input type="checkbox"/>
Receiving Diuretic Medication	2 Points	<input type="checkbox"/>
Receiving Cardiovascular Medication -or- Postural Hypotension	1 Point	<input type="checkbox"/>
Abnormal Elimination Needs	2 Points	<input type="checkbox"/>
Impaired Mobility / Balance -or- Gait	2 Points	<input type="checkbox"/>
Poor Eyesight	1 Point	<input type="checkbox"/>
Poor Hearing	1 Point	<input type="checkbox"/>
Drug / Alcohol Problem	1 Point	<input type="checkbox"/>
Post Operative / Sedated Condition	1 Point	<input type="checkbox"/>
Language Barrier	1 Point	<input type="checkbox"/>
RESIDENT SCORE (Score \geq 4 indicates RISK FOR FALLS)	TOTAL SCORE:		

RESIDENTS WHO SCORE > 4 ARE TO BE REFERRED TO THE FALL COMMITTEE

SIGNATURE:	TITLE:	DATE:
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FALL RISK ACTION PLAN

INDICATOR	TEAM MEMBER	ACTIONS
Confused / Disoriented Poor Eyesight / Hearing	CNA CNA CNA, Housekeeper All RN, LPN RN, LPN Activities CNA, LPN	Encourage use of eyeglasses & hearing aids Re-orient frequently Remove obstacles / clutter from pathways Increase surveillance for environmental hazards Assess for acute health problems (ie, infection) Assess for delirium Decrease sensory overload Bed / chair alarms
History of Multiple Falls / Falls w/ Serious Injury Impaired Mobility / Balance / Gait	PT / OT RN, PT / OT All CNA, LPN CNA, LPN CNA, LPN	PT / OT rehabilitation consult to assess strength, balance, mobility, gait, transfers Evaluate for Restorative Program Reinforce safety awareness / safe use of assistive devices Chair alarm / bed alarm Low bed / floor mats and alternatives to restraints Toileting program
Experiencing Pain	RN, LPN CNA	Implement Pain Management Plan Balance activity with rest periods
Loss of Consciousness / Seizure Disorder Cardiovascular Medications Drug / Alcohol Abuse Post Operative / Sedated Condition	CNA, LPN CNA PT / OT MD / RN / LPN	Check for orthostatic hypotension Teach resident to change positions slowly PT / OT Rehabilitation Consult for safe transfers / ambulation Monitor for therapeutic levels of anti-seizure meds
Psychoactive Medications (antidepressants, anti-anxiety & anti-psychotic medications)	All	Monitor for increased sedation, weakness, tremors, abnormal gait
Diuretic Medications Abnormal Elimination Needs	RN, LPN CNA, LPN CNA, LPN RN, LPN Dietitian MD / RN / LPN	Assess for acute health problems (ie, infection) Monitor for urinary frequency, urgency, incontinency Monitor for constipation, diarrhea, bowel incontinence Implement Toileting Program Dietitian to evaluate dietary fiber & hydration Monitor lab values for fluid & electrolyte imbalance
Language Barrier	RN, LPN Speech Therapy CNA, LPN	Involve family / interpreter in preparing communication cards Speech therapy for aphasia Reinforce speech with non-verbal demonstrations & signals