

Falls Prevention and Fall Recovery PRE ASSESSMENT

Resident Name: _____ Admission Date: _____

Questions to ask: PRE Assessment

What medications are you taking? List of Medications Sedatives Antidepressant Other Meds that make you tired	Name of Medications _____ _____ _____	Medication Review by PCP
Have you fallen before? ___ Yes ___ No ___ Not sure When you almost fell, were caught by someone? Were you managed to grab hold of something just in time?	Details when, where and how your fell?	PCP identification specific prevention strategies
Could your health conditions cause a fall? Eyes and ear conditions? Do you feel any dizziness Do you have joint pain, Shortness of breath, Numbness in your feet and legs when you walk?	Discuss Health conditions	Doctor may evaluate your muscle strength, balance and walking style (gait).

Morse Fall Risk Assessment

Risk Factor	Scale (Circle one)	Score
History of Falls	Yes or No	
History of Falls	Yes or No	
Secondary Diagnosis	Yes or No	
Secondary Diagnosis	Yes or No	
Ambulatory Aid	None or other:	
Ambulatory Aid	Crutches / Cane / Walker	
Ambulatory Aid	None/ Bed Rest/ Wheelchair/ Nurse	
IV / Heparin Lock	Yes or No	
IV / Heparin Lock	Yes or No	
Gait / Transferring	Impaired	
Gait / Transferring	Weak	
Gait / Transferring	Normal / Bed Rest / Immobile	
Mental Status	Forgets Limitations	
Mental Status	Oriented to Own Ability	
Total Score		
To obtain the Morse Fall Score add the score from each category. Based on most common scores used.	Morse Fall Score* High Risk 45 and higher Moderate 25 - 44 Risk Low Risk 0 - 24	

The scores enable the nurses/managers/caregivers to determine a patient's fall risk level for anticipated physiological falls. Based on the category of fall risk (low, moderate or high), the nurse selects universal fall precautions. For each positive variable on the Morse Fall Scale, the nurse and appropriate interdisciplinary team members must complete assessment, followed by differential diagnosis of fall risk factors. The differential fall risk factors are the basis for clinical interventions to mitigate or eliminate the fall risk factor if modifiable. Thus, the patient's fall prevention plan of care should include a combination of universal fall precautions, but is individualized by interventions specific to fall risk factors.

RN/PCP Notes:

Initial: _____ Date: ____

Designee: _____ Date: _____

Manager: _____ Date: _____