Fall Risk Assessment / Fall Reduction Plan

Patient Name:			

Risk Factors	√ all that apply	
History of falls: ≥ 2 falls in last month		
Age: 70 or older		
Mental Status: Agitated or confused		
Sensory deficit: Blind / Deaf / Cataracts /not using corrective devices		
Musculoskeletal/Activity level: Dependent on others for ambulation		
Toileting: Out of bed and needs assistance; may have episodes of incontinence		
Diagnosis: Predisposing diseases (CVA, Parkinsons, Arthritis, etc)		
Environmental factors: Cluttered walkways / crowded furniture		
Environmental factors: Ambulatory with use of Oxygen		
Medications: Takes medications that may cause vertigo or instability		
TOTAL CHECKED		

Level of Risk is HIGH if 2 or more are checked. Implement fall reduction plan appropriate to patient.

Fall Reduction Plan

** Indicate appropriate interventions

* Indicate appropriate interventions				
 History of falls Obtain a detailed fall history and assess for patterns (example - time of day, after medication, activity at the time of the fall, environmental factors). Implement appropriate interventions depending upon assessment. Indicate patient a high fall risk in the IDT POC. 	 Impaired Mental / Emotional Status Provide frequent re-orientation. Consider a bed or chair alarm. Assess patients' anxieties and re-assure patient while providing care. Consider an anti-anxiety medication. Provide referrals if indicated. 			
Sensory Deficits Provide referral to obtain corrective devices if there is an assessed need. Assess for appropriate use of corrective devices and provide education as issues are identified.	 Musculoskeltal / Gait / Balance Assess for the need for assistive devices. Assess for appropriate use of aids and provide education as issues are identified. Provide education regarding safe and appropriate footwear. Provide a referral for PT, if appropriate 			
Toileting Develop an appropriate continence management plan for the patient. Instruct patient to request assistance from caregiver prior to attempting toileting.	 Environmental Factors Ensure patients' bed / chair are appropriate height. Instruct patient / caregiver to remove clutter and provide a clear walkway. Stabilize any furniture the patient may use for balance when ambulating. Instruct patient / caregiver to remove any throw rugs and / or secure any loose carpet. Educate on the importance of adequate lighting. 			

Assessor Date