

### PATIENT FALL ASSESSMENT

PATIENT NAME:	Score Potential	Admission RN assessment signature:  date:	RN re-assessment signature:  date:	RN re-assessment signature:  date:	RN re-assessment signature:  date:
1. History of falls in past 6 months	2				
2. Neuromuscular dysfunction	2				
3. Balance deficits/unsteady gait, limb amputation(s), bone fracture	2				
4. Cognitive deficits, mental status changes, confusion	2				
5. History of seizures/tremors, strokes	2				
6. Wandering behavior	1				
7. Psychotropics, sedatives, hypnotics, antihistamines, alcohol	1				
8. Medications affecting blood pressure, polypharmacy	1				
9. Visual deficits	1				
10. History of fainting, hypotension post dialysis	1				
11. Communication deficit, inability to ask for help	1				
12. Mobility deficits, use of assistive devices such as wheelchair, cane, walker	2				
13. Transports by stretcher	3				
14. Restraints such as vest/wrist, IV, foley cath	1				
15. Unfamiliar surroundings	1				
<b>INFORMATION FROM: A. PATIENT B. FAMILY C. RN ASSESSMENT</b>					
FINAL SCORE ( 19 possible)					
Level I Protocol: score 0-2					
Level II Protocol: score 3-9					
Level III Protocol: score 10-19					
<b>FALL RISK LEVEL PROTOCOL INITIATED</b>		Level	Level	Level	Level

revised 8/1/2005 BT Excel

Source: Central Florida Kidney Center