

INSTRUCTIONS: To be completed upon admission and quarterly. Assess the resident's condition and determine the most appropriate response. When resident's total score is 10 or more, interventions should promptly be put in place.

FALL RISK ASSESSMENT

	For each assessment document the date a device was started (S) or discontinued (D) during the assessment period.				Resident's Age			
	1	2	3	4	1	2	3	4
Pacemaker	S	D	S	D	S	D	S	D
Cane/Walker	S	D	S	D	S	D	S	D
Chair Prevents Rising	S	D	S	D	S	D	S	D
Other _____	S	D	S	D	S	D	S	D

CLINICAL CONDITION	RESIDENT STATUS	ASSESSMENT DATES	SCORE				
			1	2	3	4	
History of Falls	During the last 90 days the resident has had:	No falls 1-2 falls 3 or more falls	0 2 4				
J4	If fall(e) is indicated, record the date of the most recent fall in the appropriate assessment box.						
Cognitive Status/ Behavior Indicators	Has the resident's cognitive status changed in the last 90 days?	No Yes	0 2				
B5, B6, E4aA	Does the resident display any of the following behaviors: easily distracted; periods of altered perception or awareness of surroundings; episodes of disorganized speech; periods of restlessness; periods of lethargy; mental function varies over the course of the day; wanders; abusive and resists care.	No Yes	0 2				
Vision Status	Resident's ability to see in adequate light and with glasses, if used:	Adequate - sees fine detail, including regular print Moderately impaired - limited vision, but can identify objects Highly or Severely impaired - sees lights, but not objects, no vision	0 2 4				
D1, D2	Contingence	Independent and continent Dependent with assistance	0 2				
G1	Mobility	Amputees without problem and with devices Amputees with problems and with devices Amputees with problems and with glasses Confined to chair Uses bed rails, trunk or limb restraints	0 1 4 2				
G5	Balance	To assess resident's balance while standing and sitting, refer to the MDS Test for Balance. Maintained position as required Unsteady, but able to rebalance without physical support Partial physical support during test, or stands but does not follow directions for test Not able to attempt test without physical help	0 1 2 4				
G3	Systolic Blood Pressure and Vitals	Measure systolic blood pressure while lying, sitting and 1 and 3 minutes after standing. No drop in pressure noted Less than 20mm Hg drop in pressure noted More than 20mm Hg drop in pressure noted	0 2 4				
	Indicate Temperature and Respiratory Rate			T	R	T	R
Age	Resident is 85 years or older	No Yes	0 2				
Health Conditions	For a complete list of Health Conditions, refer to the Falls RAP Key in the MDS 2.0 User Guide: • Cardiovascular (cardiac dysrhythmia; PVD-Peripheral Vascular Disease) • Neuromuscular or functional (loss of arm/leg movement, hypotension, Parkinson's, loss of sensation) • Orthopedic (joint pain, hip fracture, missing limb, osteoporosis, contractures) • Perceptual (impaired hearing, dizziness/vertigo) • Psychiatric or cognitive (delirium, Alzheimer's Disease, dementia) • Nutritional factors (malnutrition, dehydration)	None present 1-2 present 3 or more present	0 2 4				
B5, B6, C1, G4b, G4d, G9, H1, I1e, I1, I1i-e, I1g, I1i, I1i-v, I1y, I1aa, I1f, J1f, J1m-n, J3g, J5a-b	Medications	To assess resident consider the following medications taken during the last 7 days: antipsychotics, anti-anxiety, antidepressants, diuretics, anesthetics, antihistamines, antihypertensives, antiseizures, benzodiazepines, cardiovascular meds, cathartics, hypoglycemics, narcotics, hypnotics. No medications taken currently or within the last 7 days 1-2 medications taken currently or within the last 7 days 3 or more medications taken currently or within the last 7 days	0 2 4				
G4a-e	TOTAL SCORE	A resident who scores a 10 or higher is at risk. Consider ENVIRONMENTAL RISK factors in resident's interventions.					

Initials 1	Signature	Date	Initials 3	Signature	Date
Initials 2	Signature	Date	Initials 4	Signature	Date
Resident Name		ID #	Room #	Physician	

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