



Fall Risk Assessment

Highlights	Policy Statement
<p>Fall History</p> <p>Fall Risk Screening</p> <p>Review of Medications</p> <p>Evaluation of Factors That May Predispose Resident to Falls</p> <p>Identification of Medical Conditions</p> <p>Evaluation of Functional and Psychological Factors</p> <p>Environmental Factors</p> <p>Modifiable Fall Risk Factors and Interventions</p>	<p>The nursing staff, in conjunction with the Attending Physician, Consultant Pharmacist, therapy staff, and others, will seek to identify and document resident risk factors for falls.</p> <p style="text-align: center;">Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> The nursing staff and the physician will review a resident's record for a history of falls, especially falls in the last 90 days and recurrent or periodic bouts of falling over time. The nursing staff will ask the resident and/or his/her family about any history of the resident falling. Residents at Traverse Care Center will be screened/evaluated upon admission, at specific intervals (quarterly) & with any significant change in condition. The nursing staff, Attending Physician, and Consultant Pharmacist will review for medications or medication combinations that could relate to falls or fall risk, such as those that have side effects of dizziness, ataxia, or hypotension. The staff will look for evidence of a possible link between the onset of falling (or an increase in falling episodes) and recent changes in the current medication regimen. The Attending Physician and nursing staff will evaluate the resident's vital signs, assess the resident for medical conditions (such as those that cause dizziness or vertigo) or sensory impairments (such as decreased vision and peripheral neuropathy) that may predispose to falls. Assessment data shall be used to identify underlying medical conditions that may increase the risk of injury from falls (such as osteoporosis). The staff, with the support of the Attending Physician, will evaluate functional and psychological factors that may increase fall risk, including ambulation, mobility, gait, balance, excessive motor activity, Activities of Daily Living (ADL) capabilities, activity tolerance, continence, and cognition. The staff will seek to identify environmental factors that may contribute to falling, such as lighting and room layout. The staff and Attending Physician will collaborate to identify and address modifiable fall risk factors and interventions to try to minimize the consequences of risk factors that are not modifiable.

	483.15(h); 483.25(h)(1)-(2)							
	F252; F323							
	Falls and Fall Risk, Managing							
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Resident Name:	Effective Date:	Location:
Medical Record #:	Score:	Physician:
Title: Fall Risk Assessment		

All. Fall Risk Assessment

1.	Reason for Assessment Request	1) Recent Falls 2) Change in Functional Ability 3) New Admisslon 4) Physical Restraint Removal 5) Other
2.	Date of Admission	<input type="radio"/> 0. Over 3 months <input type="radio"/> 2. Less than 3 months
3.	History of Falls within last six months	<input type="radio"/> 0. No History <input type="radio"/> 2. 1 - 2 times <input type="radio"/> 5. Multiple Falls
4.	Medication Use	Medication taken more than 3 x /week, including prn's 1. <input type="checkbox"/> Antihistamines 2. <input type="checkbox"/> Diuretics 3. <input type="checkbox"/> Hypoglycemic Agents 4. <input type="checkbox"/> Antiseizure/Antiepileptics 5. <input type="checkbox"/> Antihypertensives 6. <input type="checkbox"/> NSAID'S 7. <input type="checkbox"/> Benzodiazepine's 8. <input type="checkbox"/> Narcotic's 9. <input type="checkbox"/> Psychotropic's 10. <input type="checkbox"/> Anti-Parkinson's 11. <input type="checkbox"/> Cathartic's 12. <input type="checkbox"/> Sedatives/Hypnotic's 13. <input type="checkbox"/> If medication &/or dosage has changed in last 5 days
5.	Memory and Recall Ability	In the last 7 days: recalls three out of four of the following; current season, that he/she is in a nursing home, location of room, staff names/faces. <input type="radio"/> 0. Always <input type="radio"/> 4. Sometimes <input type="radio"/> 2. Never
6.	Vision Pattern	<input type="radio"/> 0. Adequate-able to see in adequate light with glasses on <input type="radio"/> 1. Inadequate- impaired vision in adequate light with glasses on <input type="radio"/> 2. Severely Impaired- no vision or sees only light, color or shape
7.	Continnence In Last 14 Days	<input type="radio"/> 0. Continent: complete control <input type="radio"/> 2. Occasional Incontinence: bladder 2 x/week, but not daily; bowel once a week <input type="radio"/> 3. Frequently Incontinent: bladder incontinent daily, but some control present; bowel 2-3 x/week <input type="radio"/> 4. Total Incontinence: daily episode of baldder Incontinence; bowel always incontinent
8.	Agitated Behavior in Last Seven Days	Wandering; verbally abusive; physically abusive; socially inappropriate, e.g. is noisy, screams, disrobes, self-abusive, rummages, hoards, etc. <input type="radio"/> 0. Behavior not exhibited in last 7 days <input type="radio"/> 1. Behavior occurred less than daily <input type="radio"/> 2. Behavior occurred daily or more
9.	Confined to a Chair	If resident cannot walk even when assisted by staff are they: <input type="radio"/> 1. Confined to a chair and oriented <input type="radio"/> 3. Confined to a chair and disoriented <input type="radio"/> 0. Not Applicable
10.	Blood Pressure	Drop in systolic blood pressure of 20 mmHG or more between lying and standing <input type="radio"/> 2. Yes <input type="radio"/> 0. No
11.	Gait Analysis	Assess a resident's gait while: standing in one spot, walking straight forward and while making a turn.

Resident Name:		
11.	Gait Analysis	<p>Assess a resident's gait while: standing in one spot, walking straight forward and while making a turn.</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Unable to independently come to a standing position 2. <input type="checkbox"/> Exhibits loss of balance while standing 3. <input type="checkbox"/> Strays off the straight path of walking 4. <input type="checkbox"/> Requires hands-on assistance to move from place to place 5a. <input type="checkbox"/> Uses short discontinuous steps and/or shuffling steps 5b. <input type="checkbox"/> Changes gait pattern when walking through doorways 6. <input type="checkbox"/> Has lurching, swaying, or slapping gait 7. <input type="checkbox"/> Exhibits jerking or instability when making turns 8. <input type="checkbox"/> Uses an assistive device, e.g. cane, walker, etc. 9. <input type="checkbox"/> Wears poorly fitting shoes 10. <input type="checkbox"/> Decrease in muscle coordination
12.	Comments	<ol style="list-style-type: none"> 1. Comments