MORSE FALL SCALE

INSTRUCTIONS: Answer the 6 questions and add points up to indicate risk for falls. Use guidelines to help with scores.		Date:	Date:	Date:	Date:
		Signature:	Signature:	Signature:	Signature:
1. History of falling immediate or last 3 months	No 0 Yes 25				
2. Secondary diagnosis	No 0 Yes 15				
3. Ambulatory aid Bed/Nurse assist Crutches/Cane/Walker Furniture	 0 15 30				
4. IV/Heparin lock	No 0 Yes 20				
5. Gait/Transferring Normal/Immobile Weak Impaired	 0 10 20				
6. Mental status Orientated Forgets/Limitations	 0 15				
Total scores and follow risk level recommendations	**TOTAL SCORE**				

RISK LEVEL	MFS SCORE	ACTION
No Risk	0-24	Basic nursing care
Low Risk	25-50	Standard fall prevention interventions
High Risk	> 50	High risk fall prevention interventions

History of falls: This is scored as 25 if the resident has fallen during present hospital admission or if immediate history of falls. If resident has not fallen for 1 year, this is scored 0.

Secondary diagnosis: This is scored as 15 if more than 1 medical diagnosis is listed on resident chart. If not, score a 0.

Ambulatory aids: This is scored as 0 if the resident walks without a walking aid even if assisted by a nurse, uses a w/c or is on bed rest. If resident uses crutches, cane or a walker the score is 15. If the resident ambulates clutching onto the furniture for support, the score is 30.

IV: This is scored as a 20 if resident has an IV apparatus or a heparin lock inserted, if not score a 0.

Gait: A 0 gait score is when resident is walking with head erect and arms swinging freely. A 10 score is when a resident is stooped, but able to lift head without losing balance, steps are short and the resident may shuffle. A 20 score is when resident has difficulty rising from chair; head is down and watches the ground or cannot walk without assistance.

Mental: Ask the resident "are you able to go the bathroom alone or do you need assistance". If the reply is consistent with what is on care plan the score is 0. If the response is not consistent with the nursing order and resident response is unrealistic on abilities score a 15.

Date: _____

Summary/Analysis of fall: _____

Signature: _____

Date: _____

Summary/Analysis of fall: _____

Signature: _____

Date: _____

Summary/Analysis of fall: _____

Signature: _____

Date: _____

Summary/Analysis of fall: _____

Signature: _____