

Fall Prevention Assessment Tool

Patient's Name: _____ SOC: _____ MR: _____

Discipline Name/Signature: _____

Major (Must be Present)

Presence of risk factors

- | | | | |
|--|--------------------------|-------------------|--------------------------|
| Evidence of environmental hazards | <input type="checkbox"/> | Impaired mobility | <input type="checkbox"/> |
| Lack of knowledge of environmental hazards | <input type="checkbox"/> | Sensory deficits | <input type="checkbox"/> |
| Lack of knowledge of safety precautions | <input type="checkbox"/> | Multiple meds | <input type="checkbox"/> |
| History of falls | <input type="checkbox"/> | Multiple meds | <input type="checkbox"/> |
- (i.e., hypnotics, sedatives, diuretics, etc.)

If any of the above are checked, fall prevention care plan must be developed and included in the 485. (Each appropriate checked-off area needs to be part of POT, if indicated)

Detailed Assessment (personal assessment):

Gender: M _____ F _____ Age _____

Altered Cerebral Functions:

- | | | | |
|----------------|-------|-------------------------|-------|
| Tissue hypoxia | _____ | Syncope | _____ |
| Post-trauma | _____ | Confusion | _____ |
| Vertigo | _____ | Mental status (explain) | _____ |

Altered Mobility:

- | | | | |
|-----------------------------|-------|--------------|-------|
| Unsteady gait | _____ | Loss of limb | _____ |
| Poor coordination & balance | _____ | Stairs | _____ |

Impaired Sensory Function:

- | | | | |
|-------------------------|-------|-----------------------|-------|
| Vision | _____ | Thermal/touch | _____ |
| Hearing | _____ | Smell | _____ |
| Pain | _____ | Osteoporosis | _____ |
| Fatigue | _____ | Cervical spondylosis | _____ |
| Orthostatic hypotension | _____ | Vestibular disorders | _____ |
| Arthritis | _____ | Carotid sinus syncope | _____ |
| Diabetes | _____ | Neuropathy | _____ |

Medication:

- | | | | |
|------------------|--------------------------|----------------|--------------------------|
| Sedatives | <input type="checkbox"/> | Hypoglycemics | <input type="checkbox"/> |
| Vasodilators | <input type="checkbox"/> | Diuretics | <input type="checkbox"/> |
| Antihypertension | <input type="checkbox"/> | Phenothiazides | <input type="checkbox"/> |

- | | | | |
|---------------------------------------|-------|-----------------------|-------|
| Urinary incontinence | _____ | Faulty judgement | _____ |
| Urinary urgency | _____ | Alcohol use | _____ |
| Decrease or loss of short-term memory | _____ | Unfamiliar setting | _____ |
| Respiratory disorder | _____ | Improper footwear | _____ |
| Dehydration | _____ | Inattentive caregiver | _____ |
| Prolonged bed rest | _____ | Stress | _____ |
| Improper use of assistive devices | _____ | | |

Environmental Assessment:

Throw rugs present	_____
Torn carpeting	_____
Poor transition from floor to carpet	_____
Slippery floors	_____
Rise between steps greater than 5 inches	_____
No handrails on stairs	_____
Clutter on stairwell	_____
Cluttered pathways	_____
Poor lighting	_____
Improperly labeled medications	_____
No rubber mat or skid-resistant strip in bathtub	_____
No grab bar in shower or tub	_____
No elevated toilet seat/grab bars (if needed)	_____
Assistive devices in poor repair	_____
Unable to perform ADLs	_____

Living Arrangement:

Lives alone	_____
Lives with family	_____
Lives with paid caregiver	_____
Lives in residential arrangement	_____

Source: Home Care of America/San Marino (CA).