|  |  |
| --- | --- |
| Risk Factor | Score (1 for NO and 2 for YES) |
|  | Admission | Reassessment |
| Has the patient fallen in the last year? | Yes - 2 | No - 1 | Yes - 2 | No - 1 |
| Does the patient have impaired mobility?(abnormality of gait or balance) | Yes - 2 | No - 1 | Yes - 2 | No - 1 |
| Does the patient utilize an assistance device (cane/walker/wheelchair)? | Yes - 2 | No - 1 | Yes - 2 | No - 1 |
| Does the patient exhibit signs of cognitive dysfunction?(forgetfulness, learning disabilities, confusion) | Yes - 2 | No - 1 | Yes - 2 | No - 1 |
| Does the patient take four or more medications? Is the patient receiving sedation? | Yes - 2 | No - 1 | Yes - 2 | No - 1 |
| Totals: |  |  |  |  |

|  |
| --- |
| Patient Risk Assessment Score |
| High Risk | 8-10 |
| Moderate Risk | 6-8 |
| Low Risk | ≤5 |

A registered nurse will complete the fall risk assessment and document risk level and related interventions, if any, in the medical record.

|  |  |
| --- | --- |
| Admitting RN: | Date/Time: |
| Reassessment RN: | Date/Time: |

*Patient Label*