MONTANA MENTAL HEALTH NURSING CARE CENTER

FALL RISK ASSESSMENT

				DATE	DATE	DATE	DATE
CRITERIA	**0**	**1**	**2**	**SCORE**	**SCORE**	**SCORE**	**SCORE**
Appliance in use at this time	No equipment needed	Leg brace, walker, wheelchair, Geri chair Cane	Non in use, but strongly recommended				
Awareness level	Understands and follows directions	Can follow simple directions	Does not follow directions or understand them				
Physical status	Good muscle tone	Generalized weakness	Paralysis, amputee, or contractures				
Weight Bearing	Full weight bearing	Partial weight bearing	Non-weight bearing				
Mobility	Strong gait, No history of falls	Unsteady gait, past history of falls	Does not ambulate and/or recent falls				
Transfer Ability	Independent	Minimal assist	Maximum assist				
Medications	No medications	1 medication	2 or more medications				

MEDICATION CATERGORIES(circles all that apply)

Antihistamines	Antihypertensives	Anticonvulsants	Antianxiety
Cathartics	Diuretics	Narcotics	Antidepressants
Psychotropics	Hypoglycemic	Sedatives	Hypnotics

Vision	Good	Fair	Poor/Blind				
Incontinence	Totally continent of bowel & bladder	Partially incontinent of bowel and bladder	Totally incontinent of bowel and bladder				
			TOTAL SCORE				

A score of 0 – 10 Resident is low risk
A score of 11-18 Resident is high risk

Regardless of score, any resident with a fall, within the last six months, will be considered high risk.

RESIDENT _____ **Resident #**_____