

Downtime Falls Assessment



NAME:

DOB:

MR#:

HCL# :

LABEL or ADDRESSOGRAPH

Fall Risk Factor Category Scoring not completed for the following reason(s) (check any that apply). Enter risk category (i.e., Low/High) based on box selected.

Automatic Low Risk: Complete paralysis, or completely immobilized. Implement Low Fall Risk Protocol.

Automatic High Risk: If any one item of the patient's fall history or related diagnoses is checked, the patient is categorized as an automatic high falls risk. Implement automatic High Fall Risk Protocol throughout hospitalization. All interventions must be implemented with the exception of mechanically ventilated patients or 3 West patients.

Fall History

Patient has a history of more than one fall within 6 months before admission.

Patient had a recent fall event that lead to this hospital admission.

Patient has experienced a fall during this hospitalization.

Related Diagnoses

Syncope/near Syncope \geq 50 y/o Acute seizures

Acute/chronic cognitive changes (including delirium and ETOH) Symptomatic hypotension

Vertigo

Complete the following and calculate Fall Risk score. If no box is checked, score for category is 0.	Points	Points
Age (single-select) <input type="checkbox"/> 0-60 years (0 points) <input type="checkbox"/> 60-69 years (1 point) <input type="checkbox"/> 70-79 years (2 points) <input type="checkbox"/> \geq 80 years (3 points)		
Fall History (single-select) <input type="checkbox"/> No falls (0 points) <input type="checkbox"/> One fall within 6 months before admission (5 points)		
Elimination, Bowel and Urine (single-select) <input type="checkbox"/> Normal (0 points) <input type="checkbox"/> Incontinence (2 points) <input type="checkbox"/> Urgency or frequency (2 points) <input type="checkbox"/> Urgency/frequency and incontinence (4 points)		
Medications: includes PCA/opiates, anti-convulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics (single-select) <input type="checkbox"/> No high risk drugs (0 points) <input type="checkbox"/> On 1 high fall risk drug (3 points) <input type="checkbox"/> On 2 or more high fall risk drugs (5 points) <input type="checkbox"/> Sedated procedure within past 24 hours (7 points)		
Patient Care Equipment: any equipment that tethers patient, e.g., IV infusion, chest tube, indwelling catheters, SCDs, etc. (single-select) <input type="checkbox"/> None (0 points) <input type="checkbox"/> One present (1 point) <input type="checkbox"/> Two present (2 points) <input type="checkbox"/> 3 or more present (3 points)		
Mobility (multi-select—choose all that apply and add points together) <input type="checkbox"/> Independent (0 points) <input type="checkbox"/> Requires assist or supervision (2 points) <input type="checkbox"/> Unsteady gait/dizziness (2 points) <input type="checkbox"/> Visual or auditory impairment (2 points)		

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Complete the following and calculate Fall Risk score. If no box is checked, score for category is 0.	Points	Points
Cognition (multi-select—choose all that apply and add points together) <input type="checkbox"/> A. Altered awareness of immediate physical environment (1 point) <input type="checkbox"/> B. Impulsive (2 points) <input type="checkbox"/> C. Lack of understanding of one's physical and cognitive limitations (4 points)		
Low risk = 0-5 total points Moderate risk = 6-13 points High risk = > 13 points	Total points ▶	

Falls Nursing Protocol <input type="checkbox"/> A. Yes - falls nursing protocol is implemented <input type="checkbox"/> B. No - falls nursing protocol is not implemented	A. B.	A. B.
Falls Visual Alert <input type="checkbox"/> A. High - red alert on whiteboard, falls sticker on patient identification band and kardex and check falls box on alert tag on front of patient chart. <input type="checkbox"/> B. Moderate - yellow alert on whiteboard <input type="checkbox"/> C. Low - green alert on whiteboard	A. B. C.	A. B. C.
Implemented Measures <input type="checkbox"/> A. Low bed/chair alarm - alarms activated on low bed and chair alarm • Follow the Downtime CSR plan (found in the Downtime Manual) when ordering a low bed or chair alarm. <input type="checkbox"/> B. Restraints - restraints with MD order <input type="checkbox"/> C. 1:1 - one to one	A. B. C.	A. B. C.
Recent Fall <input type="checkbox"/> A. Yes - falls huddle form completed and MD notified <input type="checkbox"/> B. Progress note completed, addressing patient's physiological and mental status, 8-24 hours after the fall event	A. B.	A. B.

Nurse signature	Date	Time
Nurse signature	Date	Time