Fall Risk Assessment Form

Name: _____

MRN: _____ Age: _____ Gender: _____

Date of Birth: _____ Nationality: _____

MORSE FALL SCALE

CHOOSE HIGHEST APPLICABLE SCORE FROM EACH CATEGORY		Date / Time:			Fall risk Grading		
		Score					
HISTORY OF FALLING (immediately or w/in 3 months)	Yes	25			RISK LEVEL	MORSE FALL SCORE (MFS)	ACTION
	No	0					
SECONDARY DIAGNOSIS (more than one diagnosis)	Yes	15					
	No	0			LOW RISK	0 - 24	Standard Fall Precaution
AMBULATORY AID	Furniture	30					
	Crutches, Cane(S), Walker	15					
	None/Bed Rest/Nurse Assist	0					
IV / HEPARIN LOCK OR SALINE	Yes	20			MODERATE RISK	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0					
GAIT / TRANSFERRING	Impaired	20					
	Weak (uses touch for balance)	10					
	Normal/On Bed Rest/Immobile	0			HIGH RISK	≥ 51	Implement High Risk Fall Prevention Intervention
MENTAL STATUS	Forgets limitations	15					
	Oriented to own ability	0					
Total Morse Fall Scale Score:							

Tick (✔) whichever precaution taken.

Risk Level and Interventions
Low Risk (0 – 24) (Standard falls precautions)
□ Ensure patients use their prescribed eye glasses if any, in the hospital □ Use chairs with arm rests □ Use safety straps on stretchers and wheelchairs while transporting patients
Moderate Risk (25-50) Apply all low risk intervention and
□ Assist and/or supervise ambulation. Reinforce to always call for assistance □ Hourly safety check □ Assess patient after visitors, leave to ensure safety measures in place
High Risk (≥ 51) Apply all low and moderate risk interventions, and.
□ Initiate constant observation by healthcare provider as appropriate to patient's needs

Signature and Title: **ID No.:**