New 5/18 FALL RISK SCREENING

Patient Name: _____

MPI #: _____ Print or Addressograph Imprint

[] Addiction Services Division[] General Psychiatry Division

vision **Type of Screening:** Admission (**Date:** ____)

Annual Change in Patient Condition (*without fall*)

Completed by: RN/LPN signature:		Print Name:		Date:	
	RATING SCALE				
CATEGORY	0	1	2	3	SCORE
Substance Abuse History	None	Use more than one year ago	Use in the past year	Use at time of admission	
Age	18 - 49	50 - 59	60 – 70 years	Over 70 years	
Fall History	No falls in last year	Fall in last 12 months	Fall in last 3 months	Fall in last month	
Balance	Independently ambulatory	Non-ambulatory	Independently ambulatory with assistive devices	Ambulatory with assistive devices and staff supervision / assistance	
Mental State	Oriented x 3	Oriented x 2	Oriented x 1	Any of the following: Disoriented, Delirious, Impaired Judgment, Impulsivity	
Vision	Normal	Wears glasses	Blurred vision, cataract, glaucoma	Severe visual disturbance or blindness	
Medications known to increase fall risk - number of taken by patient (<i>List on back side</i>)	0	1-2	3-4	More than 4	
Incontinence	Not incontinent	Commode or urinal at bedside	Incontinent with toilet less than 30 feet from bedroom	Incontinent with toilet more than 30 feet from bedroom	
0 - 10 = Low Risk 11 - 17 Medium Risk 18 - 24 = High Risk TOTAL SCORE					

Scoring of 0 – 10: No immediate action necessary.

SCORING OF 11 OR GREATER:

RN/LPN 1. Identifies the patient "at risk" of fall; places "Fall Risk" sticker on the spine of the patient's medical record binder
2. Notifies Attending Psychiatrist/On-Call Physician of the patient's score on the Fall Risk Screening

Attending Psychiatrist/On-Call Physician Notified: ______MD

by: _______ AM/PM ______ AM/PM ______ AM/PM

Attending Psychiatrist/On-Call Physician:

• Physical Therapy (and Occupational Therapy if indicated) Evaluation is ordered

• Evaluation by the Attending Psychiatrist and Ambulatory Care Services Clinician OR On-Call Physician:

Signatures:				
				AM/PM
Attending Psychiatrist Signature	Print Name	Date	Time	
				AM/PM
Ambulatory Care Clinician Signature OR	Print Name	Date	Time	
				AM/PM
On-Call MD Signature	Print Name	Date	Time	
Filing: Admission Screening following	Admission H&P			

Annual Screening following Annual H&P

Changes in Patient Condition Screening (without fall) chronological order with Physical Health Progress Notes

MEDICATIONS KNOWN TO INCREASE FALL RISK

Some of the medications most commonly used at this facility are listed below. This is not a complete list. Please refer to Lexicomp or Micromedex for information on additional medications. Please review each patient's specific case and co-morbidities when making comparisons with this list.

	Acataminophan with adding Eastanyl Hydrogodona Morphing sulfate		
Analgesics	Acetaminophen with codeine, Fentanyl, Hydrocodone, Morphine sulfate,		
	Oxycodone, Tramodol		
Anticholinergics/			
Antihistamines	Benztropine, Diphenhydramine		
Anticonvulsants	Carbamazepine, Divalproex sodium, Gabapentin, Lamotrigine,		
Anticonvulsants	Oxcarbazepine, Phenobarbital, Phenytoin, Topiramate		
Antidepressants	Amytriptyline, Trazodone		
Antidiabetic Agents	Glyburide, Insulin, Metformin, Pioglitazone		
	ACE Inhibitors (i.e. enalopril, lisinopril),		
	Angiotensin Beta Blockers (i.e. atenolol, metoprolol, propanolol),		
	Calcium Channel Blockers (i.e. amlodipine, ditiazem, nifedipine, verapamil),		
Antihypertensives	Cardiac glycosides (i.e. digoxin),		
by category	Receptor Blockers (i.e. losaratan),		
	Vasodilators (nitrogycerine),		
	Misc. (clonidine)		
Anxiolytics	Clonazepam, Diazepam, Lorazepam		
Diuretics	Furosemide, Hydrochlorthiazide		
Opiate Agonists/			
Partial Agonists	Buprenorphine, Methadone		
Overactive Bladder			
and BPH Agents	Oxybutynin, Tamsulosin, Terazosin, Tolterodine		
Develotropies	Aripiprazole, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol,		
Psychotropics	Olanzapine, Quetiapine, Risperdal, Ziprasidone		
Sedatives/Hypnotics	Hydroxyzine, Zaleplon, Zolpidem		