

Behavioral Health Fall/Harm Risk Screen Assessment/Reassessment

FALL RISK ASSESSMENT	
Type of Assessment	<input type="radio"/> Admission <input type="radio"/> Shift Assessment <input type="radio"/> Need for Reassessment <input type="radio"/> Different level of care
1a. Assist needed to stand, walk, or toilet?	<input type="radio"/> Yes <input type="radio"/> No No: Universal *Yes: FALL RISK
1b. Attempts to get out of bed/chair unassisted?	<input type="radio"/> Yes <input type="radio"/> No No: Universal *Yes: FALL RISK
2. Fall in last 6 months or during this admission?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> This Admission <input type="checkbox"/> Last 6 months <input type="checkbox"/> Unable to Determine No: Universal *Yes: FALL RISK
3. Are there Harm Risk Factors based on your nursing judgment?	<input type="radio"/> Yes <input type="radio"/> No No: Universal &/or Fall Risk **Yes: FALL w/ HARM RISK SEE GUIDE BELOW
HARM RISK Assessment Guide	<input type="checkbox"/> Age <input type="checkbox"/> Bones <input type="checkbox"/> Coagulation <input type="checkbox"/> Surgery HARM RISK ASSESSMENT GUIDE AGE: Is the patient 85 years old or older? BONES: Does the patient have a bone condition, including osteoporosis, a previous fracture, prolonged steroid use or metastatic bone cancer? COAGULATION: Is the patient on anticoagulation therapy or have a bleeding disorder or underlying condition? SURGERY: Patient who had a recent lower limb amputation, major abdominal surgery, thoracic surgery or craniotomy
HARM RISK Assessment (OTHER)	<input type="text"/>
Fall Risk Conclusion	<input type="radio"/> UNIVERSAL <input type="radio"/> *FALL RISK <input type="radio"/> **FALL W/ HARM RISK UNIVERSAL: ALL PATIENTS * FALL RISK' YES to 1a or 1b or 2 : The patient needs assistance with standing, walking or toileting, moving from bed to chair; or attempts to climb out of bed or chair unassisted when assistance is needed or has fallen in the past 6 months (or this admission). ** FALL RISK W/ HARM ' YES to 1a or 1b, or 2 and YES to 3: The patient has HARM RISK factors according to HARM RISK ASSESSMENT GUIDE.

SAFETY INTERVENTIONS	
UNIVERSAL Safety Interventions - ALL Pts	<input type="radio"/> UNIV Safety Maintained <hr/> 1. Orient to call system 2. Instructed patient to call for assistance before getting OOB or chair 3. Hourly Rounding / Hall Checks 4. Non-slip footwear when patient is out of bed 5. Call bell, personal items in reach 6. Physically safe environment -no spills, clutter or unnecessary equipment 7. Bed in lowest position, wheels locked 8. Room/bathroom lighting operational
FALL RISK Interventions	<input type="radio"/> *FALL RISK Maintained <hr/> 1. Universal Safety Interventions (1-8 above) 2. Provide visual cue: YELLOW Wrist Band 3. Monitor for mental status changes and reorient to person, place and time as needed 4. Monitor gait and stability 5. Review medications for side effects contributing to fall risk 6. Reinforce activity limits and safety measures with patient and family
ADDITIONAL FALL RISK Interventions Based on Patient Needs	<input type="checkbox"/> Use of Alarms <input type="checkbox"/> PT consult <input type="checkbox"/> Toilet arm reach - BSC/BR <input type="checkbox"/> Move pt near nur station <input type="checkbox"/> Assist OOBw/SPH equip <input type="checkbox"/> Orthostatic Vital Signs <input type="checkbox"/> Telesitter/Video Monitor
FALL W/ HARM RISK Interventions	<input type="radio"/> **FALL w/ HARM Maintained <hr/> 1. Universal Safety Interventions (1-8) 2. Fall Risk Interventions (1-6) 3. Any Additional Fall Risk Interventions based on the patients' needs 4. Visual Cue: YELLOW Wrist Band & RED Socks 5. Communicate Fall Risk and Risk Factors with all staff 6. Orthostatic Vital Signs 7. Use of Alarms 8. Toileting Schedule using arm's reach rule for commode and bathroom 9. Assistance OOB with selected Safe Patient Handling equipment 10. Provide patient with walking aids - walker, cane, crutches 11. Other (Comment above for "Other")
EDUCATION of Fall Prevention Interventions (FPI)	<input type="checkbox"/> Educ. Pt/Fam w/ Teachback <input type="checkbox"/> Pt/Fam confirm FPI <input type="checkbox"/> Unable to Comprehend <input type="checkbox"/> Patient Refuses