Outpatient Fall Prevention Assessment Tool

MORSE FALL SCALE

Item	Scale	Scoring
1. History of failing (past year)	No 0 Yes 25	________
2. Secondary Diagnosis (any diagnosis)	No 0 Yes 15	________
3. Ambulatory aid Bed rest/nurse assist Crutches/cane/walker Furniture	 0 15 30	________
4. IV/Heparin Lock	No 0 Yes 20	________
5. Gait/Transferring Normal/bedrest/immobile Weak Impaired	 0 10 20	________
6. Mental Status Oriented to own ability Forgets limitations	 0 15	________
Fall Prevention interventions will be implemented according to identified risk level of patient population in individual outpatient settings (see attachment B)	**TOTAL POINTS** ⇨	____________

Fall Prevention Interventions - Check as appropriate for the patient

Interventions

- ❑ Escort or offer wheelchair assistance to a patient who is at risk for falls
- ❑ Place Fall Risk ID on patient
- ❑ Identify patient's room, stretcher, chart for fall risk
- ❑ Provide adequate lighting
- ❑ Bed/stretcher in low position with brakes locked
- ❑ While on stretcher all rails are to be raised for patient safety
- ❑ If high risk, do not place patient on examination table without 1:1 attendance
- ❑ Provide non-slip footwear when transferring from bed, chair, wheelchair
- ❑ Toilet patient regularly, especially prior to procedure. Instruct patient to use emergency call bell in restroom and keep path to bathroom clear
- ❑ While in recovery area - patient to be visible and not left alone
- ❑ All moderate sedation patients must be monitored according to hospital policy
- ❑ Review patient medications and correlate to pharmacy list for medications that place a patient at risk for falls. Educate patient if on medications that increase risk for falls.
- ❑ Provide patient/family with pamphlet on fall safety.

Morse Fall Risk Scale and Interventions initiated by: ______________________ Date_______ Time______

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