

Johns Hopkins  
**Fall Risk Assessment Tool**

If patient has any of the following conditions, check the box and apply Fall Risk interventions as indicated.

**High Fall Risk** - Implement High Fall Risk interventions per protocol

- History of more than one fall within 6 months before admission
- Patient has experienced a fall during this hospitalization
- Patient is deemed high fall-risk per protocol (e.g., seizure precautions)

**Low Fall Risk** - Implement Low Fall Risk interventions per protocol

- Complete paralysis or completely immobilized

**Do not continue with Fall Risk Score Calculation if any of the above conditions are checked.**

FALL RISK SCORE CALCULATION – Select the appropriate option in each category. Add all points to calculate Fall Risk Score. (If no option is selected, score for category is 0)	Points
<b>Age</b> ( <i>single-select</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> 60 - 69 years (1 point)</li> <li><input type="checkbox"/> 70 -79 years (2 points)</li> <li><input type="checkbox"/> greater than or equal to 80 years (3 points)</li> </ul>	
<b>Fall History</b> ( <i>single-select</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> One fall within 6 months before admission (5 points)</li> </ul>	
<b>Elimination, Bowel and Urine</b> ( <i>single-select</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Incontinence (2 points)</li> <li><input type="checkbox"/> Urgency or frequency (2 points)</li> <li><input type="checkbox"/> Urgency/frequency and incontinence (4 points)</li> </ul>	
<b>Medications:</b> Includes PCA/opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics ( <i>single-select</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> On 1 high fall risk drug (3 points)</li> <li><input type="checkbox"/> On 2 or more high fall risk drugs (5 points)</li> <li><input type="checkbox"/> Sedated procedure within past 24 hours (7 points)</li> </ul>	
<b>Patient Care Equipment:</b> Any equipment that tethers patient (e.g., IV infusion, chest tube, indwelling catheter, SCDs, etc.) ( <i>single-select</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> One present (1 point)</li> <li><input type="checkbox"/> Two present (2 points)</li> <li><input type="checkbox"/> 3 or more present (3 points)</li> </ul>	
<b>Mobility</b> ( <i>multi-select; choose all that apply and add points together</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires assistance or supervision for mobility, transfer, or ambulation (2 points)</li> <li><input type="checkbox"/> Unsteady gait (2 points)</li> <li><input type="checkbox"/> Visual or auditory impairment affecting mobility (2 points)</li> </ul>	
<b>Cognition</b> ( <i>multi-select; choose all that apply and add points together</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Altered awareness of immediate physical environment (1 point)</li> <li><input type="checkbox"/> Impulsive (2 points)</li> <li><input type="checkbox"/> Lack of understanding of one's physical and cognitive limitations (4 points)</li> </ul>	
<b>Total Fall Risk Score (Sum of all points per category)</b>	
<b>SCORING: 6-13 Total Points = Moderate Fall Risk, &gt;13 Total Points = High Fall Risk</b>	