

# Risk Assessment Guide

NAME

ROOM NUMBER



CHART NUMBER

ATTENDING PHYSICIAN



**INSTRUCTIONS:** Identify the status as outlined below on a quarterly basis. If the patient or resident is found to be at a high risk for falls, immediately implement a prevention protocol and document the status on the patient or resident's records.

## Risk Factors:

## Comments:

<b>History: Previous falls within 60 days</b>
0
1 - 2
3 +
<b>Mental Awareness:</b>
Alert
Partially Alert
Disoriented
Combative
<b>Gait/Mobility</b>
No difficulty
Difficulty while standing
Difficulty while walking
Difficulty while turning
Requires assistance
Requires stability device (cane, walker, etc.)
Requires wheelchair
Requires restraint
Incontinent
Impaired vision
<b>Medication:</b>
No medication implications
Recent change in medication
Medication generates disorientation

Check the appropriate box.

Patient or Resident **is at risk** for falls.

Patient or Resident **is not at risk** for falls.

DATE

SIGNATURE



This document is simply a guide. Please refer to the Attending Physician for exact care instructions.

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