


## Morse Fall Risk Scale

The Fall Risk Assessment form is tasked within the Triage Form in the Emergency Department. If it is not completed as part of the triage process it will populate to the Activities tab as a separate task.

Instructions:

1. Document whether the patient is unresponsive or not.
  - a. **Yes**- ends the screen.
  - b. **No**- requires completing the ABCS Fall Risk Injury Screening and Morse Fall Scale questions.

2. Complete the ABCS Fall Injury Risk Screening.
  - a. Any positive result will prompt the **Communicate risk of harm** field to open.
  - b. Completing this field documents that the user communicated the risk for falling with patient and visitors.

3. Complete the **Morse Fall Scale**. 'Yes' answers trigger associated, required **Interventions** fields on the right.
  - a. Select interventions needed for the patient in the yellow fields.
  - b. Engage the patient and their loved ones when selecting the Fall Interventions. If the patient believes they are at risk for falling they are more likely to comply with the Fall Interventions.
  - c. An icon displays on LaunchPoint when interventions are selected. 

4. Navigate to Interactive View to document fall prevention education.
5. Document in the Fall Prevention Education section.

## When a Patient Falls

Complete a Post Fall Assessment form found in the AdHoc folder when a patient experiences a fall.  Post Fall Assessment

\*\*Note the red asterisks are required sections of the form and require updating with regard to the patient condition and their new fall risk status.

# Fall Risk Assessment for ED Nurses and Paramedics

## Fall Prevention Poster Use

Use the poster to communicate risks and interventions derived from the fall assessment to the patient, family, and other staff who interact with the patient.

- Display the poster in a prominent place in the patient's room to alert all visitors and staff to the interventions needed to assist that patient.

### Instructions:

1. Fill in the patient's name.
2. Enter the date.
3. Check all that apply.
4. Circle interventions for the patient.

<b>MUNSON HEALTHCARE</b> Patient Name: <b>1</b> Date: <b>2</b>	
<b>Increased Risk of Harm If You Fall</b> <input type="checkbox"/>	<b>Fall Interventions</b> (Circle selection based on color)
<b>Fall Risks</b> (Check all that apply)	
<b>History of Falls</b> <b>3</b> <input type="checkbox"/>	<b>Communicate Recent Fall and/or Risk of Harm</b> <input type="checkbox"/>
<b>Medication Side Effects</b> <input type="checkbox"/>	<b>Walking Aids</b> <b>4</b>
<b>Walking Aid</b> <input type="checkbox"/>	<b>Crutches</b> <b>Gait Belt</b> <b>Cane</b> <b>Walker</b>
<b>IV Pole or Equipment</b> <input type="checkbox"/>	<b>IV Assistance When Walking</b> <input type="checkbox"/>
<b>Unsteady Walk</b> <input type="checkbox"/>	<b>Toileting Schedule: Every _____ hours</b>
<b>May Forget or Choose Not to Call</b> <input type="checkbox"/>	<b>Bed Alarm On</b> <input type="checkbox"/>
	<b>Bed Rest</b> <input type="checkbox"/> <b>Lift Assist</b> <b>1 person</b> <b>2 people</b>
	<b>Bed Pan</b> <b>Assist to Commode</b> <b>Assist to Bathroom</b>

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