



Patient's Sticky Label

**PATIENT FALL RISK ASSESSMENT RECORD (PFRAR) IN OUTPATIENT DEPARTMENT**

**INITIATION OF PATIENT FALL RISK ASSESSMENT**

1. This PFRAR will be initiated by healthcare team members from SOC and continued to be utilized throughout patient's SOC visits.
2. Fall Risk Assessment must be conducted on patient's initial visit and reassessed on a yearly basis or when there is any change in patient's medical condition within the year.

**PATIENT FALL RISK ASSESSMENT CHECKLIST**

Fall Risk Factor	Value (Sub-Score)	Weighted Risk Score	Patient's Weighted Risk Score (Please indicate accordingly)			
			Date of Visit			
			Initial Visit	Follow-up	Follow-up	
1. History of Falls (HIST)	▪ Did the patient present to hospital with a fall or has he/she fallen since admission?	Yes (1)	6			
	▪ If not, has the patient fallen within last 2 months?	No (0)	0			
2. Mental Status (MNLT)	▪ Is the patient confused? (i.e. unable to make purposeful decisions, disorganized thinking and memory impairment)	Yes (1)	14			
	▪ Is the patient disoriented? (i.e. lacking awareness, being mistaken about time, place or person)	No (0)	0			
	▪ Is the patient agitated? (i.e. fearful affect, frequent movements and anxious)					
3. Vision (VISN)	▪ Does the patient require eyeglasses continuously?	Yes (1)	1			
	▪ Does the patient report blurred vision? ▪ Does the patient have Glaucoma, Cataracts or Macular Degeneration?	No (0)	0			
4. Toileting (TOIL)	▪ Are there any alterations in urination? (i.e. frequency, urgency, incontinence, nocturia)	Yes (1)	2			
		No (0)	0			
5. Transfer Score (TS)	Unable - No sitting balance; Mechanical lift	0	Add TS + MS = TSMS			
	Major help (one strong skilled helper or two normal people; physical), Can sit	1	If TSMS = 0-3, Sub-Score = 1			
	Minor help (one person easily or needs supervision for safety)	2	Weighted Score: 7			
	Independent (use of aids to be independent is allowed)	3				
6. Mobility Score (MS)	Immobile	0	If TSMS = 4-6, Sub-Score = 0			
	Wheelchair independent including corners, etc	1				
	Walks with help of one person (verbal or physical)	2	Weighted Score: 0			
	Independent (but may use any aid, eg. cane)	3				
<b>TOTAL WEIGHTED RISK SCORE :</b>						
<b>Fall Risk Category</b> (Please indicate accordingly) (No Risk = N, Fall Risk = R)		<b>Interventions Taken</b> (Please circle 'NA' or 'Yes')		NA		
				Yes		
<b>Assessed By:</b> (Name & Signature of Nurse)						

## Reference

1. Total Weighted Risk Score,  $R = 6*(HIST) + 14*(MNTL) + 1*(VISN) + 2*(TOIL) + 7*(TSMS)$
2. Fall Risk Categories & Interventions Taken

<b>Total Weighted Risk Score</b>	<b>Fall Risk Category</b>	<b>Interventions Taken</b>
0 – 8	No Risk (N)	No intervention required.
9 & Above	Fall Risk (R)	Initiate Falls Precaution ➔ Provide Falls Precaution Education. ➔ Place Fall Risk sticker (Yellow) on the top right upper corner of patient's medical record folder.