

CENTRAL STATE HOSPITAL ASSESSMENT FOR FALL POTENTIAL

Age 55 years or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Currently confused or disoriented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
History of falls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deficits in vision or sense of touch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Impaired mobility or balance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uses mobility aids (e.g. cane, walker, crutches, wheelchair)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visible, known or suspected neurologic or orthopedic problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bowel or bladder incontinence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Substance abuse withdrawal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Taking psychotropic medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Taking cardiac or blood pressure medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Total number of "yes" responses: _____

# yes	Risk Level	Action Indicated
1-2	Low	None
3-4	Moderate	Moderate Risk Interventions listed below
5-11	High	Complete POEMS Assessment Tool

Moderate Risk Interventions:

- Re-orient the individual to his/her surroundings daily and as needed.
- Place individual on a bladder and bowel training program, if indicated.
- Keep ambulatory assistance devices within easy reach of the individual.
- Encourage the individual to use the available handrails.
- Ensure that footwear fits properly and that the clothing attire does not pose a tripping risk.
- Provide to the individual assistance with ambulation when needed.
- Document and communicate daily and each shift any information related to the status of the fall risk.
- Ensure that a safe environment, free of objects that pose a risk of tripping, is maintained.

Physician signature and number

Date and Time

Stamp Plate