

Morse Fall Scale

Fall Risk is based upon Fall Risk Factors and it is more than a Total Score. Determine Fall Risk Factors and Target Interventions to Reduce Risks.

Complete on admission, at change of condition, transfer to new unit, and after a fall.

Variables		Score	
History of Falling	no	0	_____
	yes	25	
Secondary Diagnosis	no	0	_____
	yes	15	
Ambulatory Aid	None/bed rest /nurse assist	0	_____
	Crutches/cane/walker	15	
	Furniture	30	
IV or IV access	no	0	_____
	yes	20	
Gait	Normal/bed rest/wheelchair	0	_____
	Weak	10	
	Impaired	20	
Mental status	Knows own limits	0	_____
	Overestimates or forgets limits	15	
Total		_____	

Safety Factors

- Maintain bed in low position, bed alarm when needed
- Call bell, urinal and water within reach.
Offer assistance with elimination needs routinely
- Buddy system
- Wrist band identification
- Amulate with assistance
- Do not leave unattended for transfers / toileting
- Encourage patient to wear non-skid slippers or own shoes
- Lock bed, wheelchairs, stretchers and commodes

Assessment

- Assess patient's ability to comprehend and follow instructions
- Assess patient's knowledge for proper use of adaptive devices
- Need for side rails: up or down
- Hydration: monitor for orthostatic changes
- Review meds for potential fall risk (HCTZ, Ace inhibitors, Ca channel blockers, B blockers)
- Evaluate treatment for pain

Family/Patient Education

- PT consult for gait techniques
- OT for home safety evaluation
- Family involvement with confused patients
- Sitters
- Instruct patient/family to call for assistance with out-of-bed activities
- Exercise, nutrition
- Home safety (including plan for emergency fall notification procedure)

Environment

- Room close to nurses station
- Orient surroundings, reinforce as needed
- Room clear of clutter
- Adequate lighting
- Consider the use of technology (non-skid floor mats, raised edge mattresses)