Morse Fall Scale

Morse Fall Scale Item	Saunders Fall Risk Assessment Item	Hendrich II Fall Risk Model
1. History of falling (immediate or previous) (25)	Has fallen in last 30 days (20) Has fallen in last 180 days (5)	
2. Secondary diagnosis (≥ 2 medical diagnoses in chart) (15)	Alzheimer's (1) Antianxiety use (1) Antipsychotic use (1) Anxiety disorder (1) Arthritis (1) Cardiac dysrhythmias (1) Cataracts (1) Cerebral Palsy (1) Cerebrovascular accident (1) Clostridium difficile (1) Congestive heart failure (1) Conjunctivitis (1) Diabetic retinopathy (1) Emphysema/COPD (1) Glaucoma (1) Hemiplegia/Hemiparesis (1) Hip fracture (1) HIV Infection (1) Hypertension (1) Hypotension (1) Macular Degeneration (1) Manic depressive (1) Missing limb (1) Multiple sclerosis (1) Osteoporosis (1) Other cardiovascular (1) Other dementia (1) Other vision problems (1) Paraplegia (1) Parkinson's disease (1) Pathological bone fracture (1) Pneumonia (1) Resistant infection (1) Respiratory infection (1) Schizophrenia (1) Seizure disorder (1) Septicemia (1) Sexually transmitted disease (1) Side vision problems (1)	

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	TIA (1) Traumatic brain injury (1) Tuberculosis (1) Urinary tract infection (1) Viral hepatitis (1) Voiding urgency (1) Wound infection (1)	
3. Ambulatory aid None/bedrest/nurse assist (0) Crutches/cane/walker (15) Furniture (30)	Uses cane, walker or crutch (1) Toilets self at night (1)	
4. Intravenous therapy/heparin lock (20)		
5. Gait Normal/bedrest/wheelchair (0) Weak* (10) Impaired† * Weak gait: Short steps (may shuffle), stooped but able to lift head while walking, may seek support from furniture while walking, but with light touch (for reassurance). † Impaired gait: Short steps with shuffle; may have difficulty arising from chair; head down; significantly impaired balance, requiring furniture, support person, or walking aid to walk.	**Standing Balance Sitting Balance** 0 - Steady 1 - Unsteady 2 - Support Required 3 - Cannot Test Parkinson's disease (1)	**Get Up and Go Test** Able to rise in a single movement, no loss of balance with steps (0) Pushes up, successful in one attempt (1) Multiple attempts but successful (3) Unable to rise without assistance during test (4) If unable to assess, document this on the patient chart with the date and time Dizziness/Vertigo (1)
6. Mental status Oriented to own ability Overestimates/forgets limitations	Alzheimer's (1) Anxiety disorder (1) Cerebrovascular accident (1) Manic depressive (1) Other dementia (1) Schizophrenia (1) Traumatic brain injury (1) Doesn't recognize hazards (21)	Confusion/Disorientation/Impulsivity (4) Symptomatic Depression (2)

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	Hearing Deficit 0 - No Loss 1 - Slight Loss 2 - Moderate Loss 3 - Profound Loss **Vision Loss** 0 - No Loss 1 - Slight Loss 2 - Moderate Loss 3 - Severe Loss 4 - Blind **Bowel Incontinence Bladder Incontinence** 0 - Continent 1 - Usually Continent 2 - Occasionally Incontinent 3 - Frequently Incontinent 4 - Incontinent **Voiding Frequency** 0 - Q4-6h 1 - Q3-4h 2 - Q2-3h 3 - Q2h **Pain Symptoms** 0 - No Pain 2 - Occasional Pain 3- Daily Pain	Altered Elimination (1)
	Antianxiety use (1) Antidepressant use (1) Antipsychotic use (1) Hypnotic use (1)	Any Administered Antiepileptics (anticonvulsants) (2) Any Administered Benodizepines (1)
		Gender (Male) (1)
TOTAL SCORE: 0-24 No Risk 25-45 Low to Moderate Risk 46+ High Risk	**TOTAL SCORE:** 1-10 Normal Risk 11-20 Moderate Risk 21-50 High Risk >50 Very High Risk	**TOTAL SCORE:** A score of 5 or greater = High Risk