

Reference Guide

Little Schmidy Falls Risk Assessment

- Document the appropriate score in the Patient Care Record or relevant MR
- Patient risk score should be assessed 1. Daily, 2. When the patient condition changes, 3. When transferred to a new department/unit, and 4. Following a fall incident
- Interventions and actions should be documented on Falls Plan or in Progress Notes

Falls Risk Assessment		Score
Mobility		
	Completely Immobile	0
	Ambulant with no gait disturbance	0
	Ambulate or transfer with assistive device	1
	Ambulate with unsteady gait and no assistive device	1
Mental State		
	Coma/unresponsive	0
	Developmentally appropriate and alert	0
	Developmentally delayed	1
	Disorientated	2
Toileting		
	Nappies	0
	Independent	0
	Needs assistance with toileting	1
	Independent with urinary frequency or diarrhoea	1
History of Falls		
	No	0
	Yes before admission	1
	Yes during admission	2
Medication		
	Anticonvulsants, opioids, diuretics, sedatives, bowel prep	1

Select one score per section

Action

Falls score is equal to or greater than 3 or based on patient's diagnosis or patient's condition warrants falls prevention program

1. Commence Falls High Risk Management Plan (*refer to Falls Prevention Clinical Guideline*)
2. Discuss prevention strategies with parents/carers and ensure a copy of Falls safety in hospital – kids health information is given