Johns Hopkins Fall Risk Assessment Tool

| If patient has any of the following conditions, check the box and apply Fall Risk interventions as indicated. | |
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| High Fall Risk - Implement High Fall Risk interventions per protocol ☐ History of more than one fall within 6 months before admission ☐ Patient has experienced a fall during this hospitalization ☐ Patient is deemed high fall-risk per protocol (e.g., seizure precautions) | |
| Low Fall Risk - Implement Low Fall Risk interventions per protocol Complete paralysis or completely immobilized Do not continue with Fall Risk Score Calculation if any of the above conditions are checked. | |
| FALL RISK SCORE CALCULATION – Select the appropriate option in each category. Add all points to calculate Fall Risk Score. (If no option is selected, score for category is 0) | Points |
| Age (single-select) Go - 69 years (1 point) 70 -79 years (2 points) greater than or equal to 80 years (3 points) | |
| Fall History (single-select) ☐ One fall within 6 months before admission (5 points) | |
| Elimination, Bowel and Urine (single-select) Incontinence (2 points) Urgency or frequency (2 points) Urgency/frequency and incontinence (4 points) | |
| Medications: Includes PCA/opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, sedatives, and psychotropics (single-select) □ On 1 high fall risk drug (3 points) □ On 2 or more high fall risk drugs (5 points) □ Sedated procedure within past 24 hours (7 points) | |
| Patient Care Equipment: Any equipment that tethers patient (e.g., IV infusion, chest tube, indwelling catheter, SCDs, etc.) (single-select) One present (1 point) Two present (2 points) 3 or more present (3 points) | |
| Mobility (multi-select; choose all that apply and add points together) ☐ Requires assistance or supervision for mobility, transfer, or ambulation (2 points) ☐ Unsteady gait (2 points) ☐ Visual or auditory impairment affecting mobility (2 points) | |
| Cognition (multi-select; choose all that apply and add points together) Altered awareness of immediate physical environment (1 point) Impulsive (2 points) Lack of understanding of one's physical and cognitive limitations (4 points) | |
| Total Fall Risk Score (Sum of all points per category) | |
| SCORING: 6-13 Total Points = Moderate Fall Risk >13 Total Points = High Fall Risk | |

