



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

ONTARIO MODIFIED STRATIFY (SYDNEY SCORING) FALLS RISK SCREEN



SMR060911

	Date / /	Date / /	Date / /
	Score	Score	Score
Complete on Admission (A), Post Fall (PF), Change of Condition (CC), or When Appropriate (W)	Value	A PF <input type="checkbox"/> CC <input type="checkbox"/> W <input type="checkbox"/>	PF <input type="checkbox"/> CC <input type="checkbox"/> W <input type="checkbox"/>

1. History of Falls
Did the patient present to hospital with a fall or have they had a fall since admission?
If not, has the patient fallen within the last 6 months?

Yes to any = 6

2. Mental Status
Is the patient confused? (i.e. unable to make purposeful decisions, disorganised thinking and/or memory impairment)
Is the patient disorientated? (i.e. lacking awareness, being mistaken about time, place or person)
Is the patient agitated? (i.e. fearful affect, frequent movements and/or anxious)

Yes to any = 14

3. Vision
Does the patient require eyeglasses continually?
Does the patient report blurred vision?
Does the patient have glaucoma, cataracts or macular degeneration?

Yes to any = 1

4. Toileting
Are there any alterations in urination? (i.e. frequency, urgency, incontinence, nocturia)

Yes = 2

5. Transfer Score (TS) [means from bed to chair and back]
Independent - use of aids to be independent is allowed
Minor help - one person easily or needs supervision for safety
Major help - one strong skilled helper or two normal people; physically can sit
Unable - no sitting balance, mechanical lift

Add Transfer Score (TS) and Mobility Score (MS)
0
1
2
3
If total between 0-2, then score = 0

6. Mobility Score (MS)
Independent (but may use any aid, e.g. walking stick)
Walks with help of one person (verbal or physical)
Wheelchair independent including corners, etc
Immobile

0
1
2
3
If total between 3-6, then score = 7

≥9 = HIGH RISK OF FALLS TOTAL SCORE

If a patient scores <9, a clinician using clinical judgment can determine a high level of risk risk for that patient.
 Clinical Judgement High Risk Reason: _____

<p>If any falls risk factors are identified, complete the relevant section on the Falls Risk Assessment and Management Plan (FRAMP) and implement actions.</p>	Name: _____	Name: _____	Name: _____
	Designation: _____	Designation: _____	Designation: _____
	Signature: _____	Signature: _____	Signature: _____

(Papaioannou A. et al. Prediction of falls using a risk assessment tool in acute care setting BMC Medicine 2004 2:1)

MEDICATIONS: Is the patient on antipsychotics, antidepressants, sedatives/hypnotics, or opioids?
YES Complete medication section on Falls Risk Assessment and Management Plan.

Provide patient/family/carers with information about Falls Prevention

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH60668 170718

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(SYDNEY SCORING)
FALLS RISK SCREEN**

Care actions for all patients

These care actions are relevant for all patients and are a component of ongoing clinical care at all times.

- Orientate patient to bed area, toilet and ward
- Educate patient and family, providing culturally appropriate information about the risk of falling and safety issues
- Instruct patient on the use of the call bell, ensure it is within reach and advise to call for assistance if required
- Ensure frequently used items (including mobility aids) are within easy reach, on appropriate side of the bed, in good working order and are adjusted for the patient
- Bed and chair are at appropriate height for the patient – instruct patient on use of bed control (if appropriate)
- Ensure bed brakes are on at all times and chair brakes are on when not mobilising
- Position over-bed table on the non exit side of the bed
- Place IV pole and all other devices/attachments (as appropriate) on the exit side of bed
- Ensure attachments (such as catheters, wound drainage, IVs) are secured
- Remove clutter and obstacles from room
- Ensure patient is using appropriate personal aids such as eyeglasses (that are clean) and/or working hearing aid
- Ensure patient wears appropriate footwear when ambulant
- Establish patient’s level of personal care need
- Ensure adequate night lighting

Provide patient/family/carers with falls prevention information.

Clinical Excellence Commission Falls Prevention flyers available at www.cec.health.nsw.gov.au/programs/falls-prevention



For further information scan this with your smart phone →

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