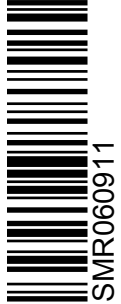




FAMILY NAME		MRN	
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
D.O.B. ____/____/____		M.O.	
ADDRESS			
LOCATION / WARD			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

Facility:

### ONTARIO MODIFIED STRATIFY (SYDNEY SCORING) FALLS RISK SCREEN



SMR060911

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BINDING MARGIN - NO WRITING

	Date / /	Date / /	Date / /
	Score	Score	Score
<b>Complete on Admission (A), Post Fall (PF), Change of Condition (CC), or When Appropriate (W)</b>	Value	A	PF <input type="checkbox"/> CC <input type="checkbox"/> W <input type="checkbox"/>
<b>1. History of Falls</b> 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?	<b>Yes to any = 6</b>		
<b>2. Mental Status</b> 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)	<b>Yes to any = 14</b>		
<b>3. Vision</b> Does the patient require eyeglasses continually? Does the patient report blurred vision? Does the patient have glaucoma, cataracts or macular degeneration?	<b>Yes to any = 1</b>		
<b>4. Toileting</b> Are there any alterations in urination? (i.e. frequency, urgency, incontinence, nocturia)	<b>Yes = 2</b>		
<b>5. Transfer Score (TS) [means from bed to chair and back]</b> 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	0 1 2 3 <b>If total between 0-2, then score = 0</b>	<b>Total of TS+ MS</b>	<b>Total of TS+ MS</b>
<b>6. Mobility Score (MS)</b> 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 <b>If total between 3-6, then score = 7</b>		
<b>≥9 = HIGH RISK OF FALLS</b>	<b>TOTAL SCORE</b>		

ONTARIO MODIFIED STRATIFY (SYDNEY SCORING) FALLS RISK SCREEN

SMR060.911

If any falls risk factors are identified, complete the relevant section on the Falls Risk Assessment and Management Plan (FRAMP) and implement actions.

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

NH606668 11/09/15



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
<b>ONTARIO MODIFIED STRATIFY (SYDNEY SCORING) FALLS RISK SCREEN</b>		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

**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](http://www.cec.health.nsw.gov.au/programs/falls-prevention)**



For further information scan this with your smart phone →

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