HOME CARE
Falls Risk Assessment Tool
(Queensland Health Australia, 2001)

Name: _____

PHIN: _____

Criteria For Use:

A) All new HC referrals (excluding supply, oxygen & short term nursing clients unless fall risk has been identified).

B) Repeat minimally upon annual reassessment.

C) Repeat after a fall, when safety concern has been identified or when there has been a change in client's status.

Rating Scale					Date	Date	Date
CATEGORY	**0**	**1**	**2**	**3**	**Score**	**Score**	**Score**
Days Since Admission	On Admission	Up to 7 Days	8 - 14 Days	Over 14 Days			
Age	0 - 19 Years	20 - 59 Years	60 - 70 Years	Over 70 Years			
Falls History	No falls in last year	Fall in last 6 months	Fall in last 3 months	Fall in last month			
Balance	Chair/Bedfast, stand and pivot with help	Needs assistive device and 2 people	Ambulates with assistive device and/or one person	Ambulates without assistance or device			
Mental State	Oriented to time, place and person	Oriented to place and person	Oriented to Person	Disoriented &/or impaired judgment &/or impulsive			
General Health	Well nourished, normal sleep	Poor appetite and/or sleep disturbance	Severe sleep disturbance	Malnourished, weight loss			
Vision	Normal	Wears glasses /corrective lenses	Blurred vision, cataract, glaucoma	Severe visual disturbance or blindness			
Speech	Normal	Speech defect but understood	Dysphasia, language barrier	Severe defects or severe language barrier			
Medications	No effects	CV Effects e.g. Beta blockers, diuretics, anti-hypertensives	CNS effects, e.g. tranquilizers, sedatives, psychotropic	Both CV and CNS effects			
Chronic Illness	None	1 Chronic Condition	>1 Chronic Ilnesses	>4 Chronic Ilnesses			
Incontinence	None	Increased frequency	Nocturia, stress incontinence	Urge incontinence, indwelling catheter			
Score Assessment	0 - 10 = Low Risk	11 - 20 = Medium Risk	21 - 33 = High Risk	**Total Score:**			
Always consider orthostatic hypotension as a contributing factor			X				
Check (√ if) Falls Risk Score is documented in Care Plan			**Signature/Designation:**				

Days since Admission = Consider this timeframe from when the client has received HCA or HCN Care