Fall Assessments

Annual Fall Assessments

To complete an Annual Fall Assessment, go to **Patient>Patient Assessments**. Select **Annual Fall Assessment** from drop down list and click **Go**.
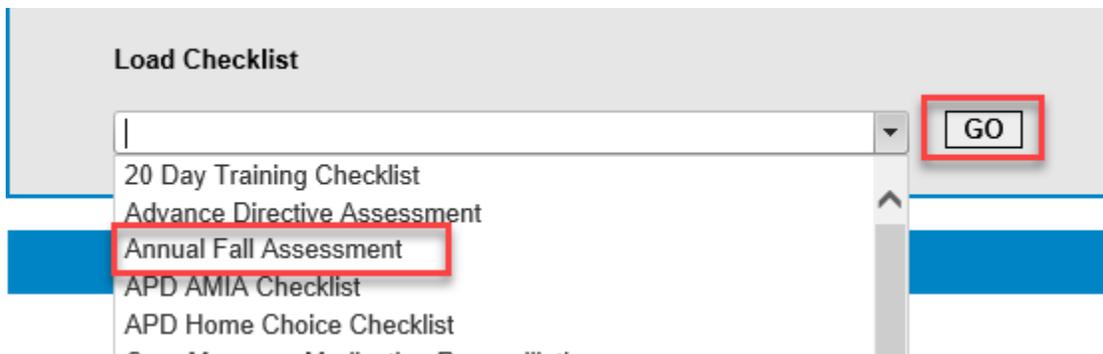
Select patient by typing last name in **Patient name** field. When patient's name loads below the clinic field, click on the **History** drop down arrow and click **Add New**.
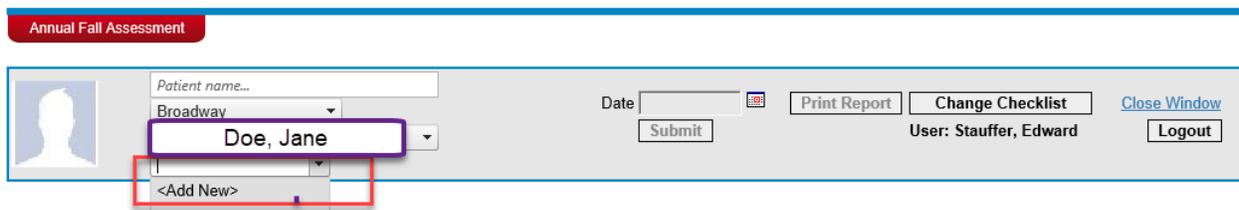
Click on the calendar icon next to the **Date** field and select the date of the assessment and then click, **Submit**.

Click Create Checklist when prompt appears.

Create new checklist for 08/23/2019?

| Create Checklist | | Cancel |
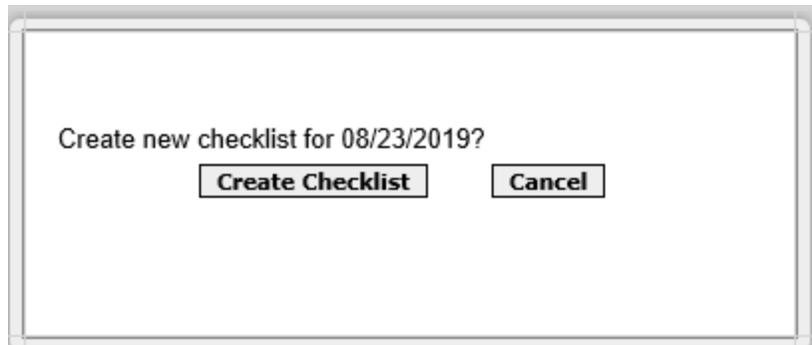
Click the appropriate radio button depending upon whether this is the patient's first Annual Fall Assessment (Initial) or not. Record the answers for each of the 13 questions by clicking the appropriate Yes or No radio button.

Item	Value
Fall Assessment is:	○ Initial ○ Annual
Previous fall assessment score	
1. History of falls in the last 6 months? (Score Potential 2)	○ Yes - 2 pts. ○ No
2. Neuromuscular dysfunction ie neuropathy (Score Potential 2)	○ Yes - 2pts. ○ No

Add the total points for all the Yes answers and determine fall risk level.

Record total score and fall risk level in the Final Score field. Check the appropriate box for the Fall Risk.

13. Elimination Status - frequent use of restroom during treatment (Score Potential 2)	○ Yes - 2pts ◉ No
Information from:	◉ A. Patient ○ B. Family ○ C. Other- describe in textbox
Final Score (20 possible)	8 Yellow Medium risk
Education-Fall Prevention	☑ Handout: Preventing Falls ☐ Reviewed with patient and signed copy kept for record (if not re___ whom you cov___ **Ignore**
Green (Low Risk) Score 0-6	☐ Low Fall Risk
Low Risk Precautions: Orientation to unit, call light use and fall prevention program; dialysis chair wheels locked, or if bedded patient, bed in low position with wheels locked; dialysis space free of clutter and spills; personal items within reach; adequate lighting; patient instructed to ask for assistance as needed	
Yellow (Medium risk) Score 7-11 - All "green" precaution plus the following	☑ Medium Fall Risk
Medium Risk Precautions: Standby assist ___	

Whatever is documented in the Final Score field will automatically flow to Real-Time Charting>Fall Risk.

If the Handout: Preventing Falls was given to patient, click the checkbox.

Ignore the box for "Reviewed with patient and signed copy kept for record…" This is planned to be deleted from the assessment.

Save changes.

Post Fall Assessments

Go to **Patient>Patient Assessments** and select **Post Fall Assessment**.
Complete the assessment by checking the appropriate radio buttons and
checkboxes.

Ignore the "Reviewed with patient and signed copy kept for record" box.

The patient is now High Fall Risk, check the box.

Save Changes

Update Annual Fall Assessment

Go to **Patient> Checklist History**. Select **Annual Fall Assessment** in
Checklist dropdown. Select the patient. Wait for the checklists to load (the
wheel stops spinning) and then click **Search**.

Checklist History

Checklist	Annual Fall Assessment
Clinic	Broadway
Patient	*ALL* **Start Date** 05/26/2019 **End Date** 08/26/2019 Search

Click on **Click to View** for the assessment you wish to open.

Checklist	**Date**	**Patient**		
Annual Fall Assessment	08/26/2019	Doe, Jane	Click to View	Delete
Annual Fall Assessment	08/23/2019	Doe, Jane	Click to View	Delete
		1 of 1		

The Patient is now a High Risk for falls.   Update the Final Score field with
"Post Fall (date of fall). Red-High Risk" so the correct Fall Score will be
pulled to RTC.

Check the High Fall Risk box.

Save Changes.