

# مستشفى مارينا الاهلي

Patient ID Label

## Morse Fall Scale

Variables	Baseline Score		Reassessment Score				Key
	Reason	Initial					
	Date						
	Time						
History of Falling	No Yes	0 25					<b>Secondary Diagnosis</b> * Condition * Arthritis * Incontinence * Depressive symptoms * Orthostatic hypotension * Impaired cognition, balance, gait or muscle strength * women in labour * More than one medical diagnosis <b>* Medication</b> * Anti arrhythmias * Diuretics * Hypoglycemic * Laxatives * Psychotropic * Antihypertensive * Tricyclic antidepressants * Vasodilator * patient receiving four or more any types of medication
Secondary Diagnosis ( Condition & Medication ) See Key	No Yes	0 15					
Ambulatory Aid	None/bed rest/nurse assist Crutches/cane/walker Furniture	0 15 30					
IV or IV Access	No Yes	0 20					
Gait	Normal/bed rest/wheelchair Weak Impaired	0 10 20					
Mental Status	Knows own limits Overestimates or forgets limits ( Amnesia, Hallucination, mental disability...)	0 15					
		Total score					
		Risk Level					
		Rationale					
		Nurse Name					

Risk Level	MFS Score	Action
Low Risk	0 - 24	Apply <i>Safe</i> Technique Safe environment Assist with mobility Fall risk reduction Engage patient and family
Moderate Risk	25 - 44	<ul style="list-style-type: none"> <li>◆ Fall prevention technique (<i>safe technique</i>)</li> <li>◆ Room placement closer to nurses' station.</li> <li>◆ Identify patient with a colored wrist band.</li> <li>◆ Place a colored Card over patient's bed.</li> <li>◆ Use bedside rails.</li> <li>◆ Communicate patient with high risk of fall to all health care team.</li> <li>◆ Reorient confused patients</li> <li>◆ Assess patient's bowel and bladder frequency.</li> <li>◆ Encourage use of assistive device and mobility aids.</li> </ul>
High Risk	<ul style="list-style-type: none"> <li>• Score 45 and higher</li> <li>• Blind or impaired vision</li> <li>• Under sedation (post Op, procedures )</li> <li>• Epileptic patient</li> <li>• Elderly Patient above 60 Years</li> </ul>	

### Do Reassessment when:

- After Change in patient health or cognitive condition during hospitalization ( )
- After transfer patient to another unit/floor (T)
- After surgery or procedure (p-op)
- After Change or addition in medication(M)
- After falling down in same admission(F)

### Rationale:

- Score (S)
- Blind (B)
- Under sedation (p-op)
- Epileptic (E)
- Elderly (A)