

AMBULATORY SURGICAL FACILITY FALLS RISK ASSESSMENT TOOL

Ambulatory surgical facilities can use this tool to screen patients for falls risk at three intervals: pre-admission, pre-operatively, and post-operatively. Complete all sections and implement falls prevention interventions in accordance with facility-specific protocols. Obtain information to complete the questions from the patient, the patient's designee, a healthcare provider, a handoff form, or through observation. Repeat all questions at each time interval, as indicated, because the patient's condition may change, or different information may become available through a secondary source (e.g., a family member, medical records).

A "YES" response to any question indicates risk for falls.

Place Patient Sticker (or complete fields)		
Patient Name:	Date of Birth:	Medical Record #:
Date of Procedure:	Surgeon:	Procedure/Surgery Type:

FALLS RISK SCREENING QUESTIONS	PRE-ADMISSION			PRE-OPERATIVE			POST-OPERATIVE		
	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
Has the patient fallen in the past 12 months?									
Does the patient have weakness or instability in his/her legs?									
Does the patient need help standing or walking?									
Does the patient use an assistive device (e.g., walker, cane) for ambulation?									
Does the patient have a medical device attached (e.g., intravenous catheter, supplemental oxygen catheter, other)?									
Does the patient have trouble controlling his/her bladder or bowels?									
Does the patient have problems with his/her memory or thinking? (Include changes related to sedation or anesthesia)									
Does the patient take six or more medications (of any drug class, not just high-falls risk medications)?									
Does the patient take any high falls-risk medications? Or did the patient receive these medications before, during, or after the procedure? (See list below)									
Does the patient have risk factors for injury? (See list below)									
Date and Time Assessment Completed									
Signature of Person Completing the Assessment									

High falls-risk medications (Check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Anti-arrhythmics</td> <td style="width: 33%;">Anti-convulsants</td> <td style="width: 33%;">Anti-depressants</td> </tr> <tr> <td>Anti-hypertensives</td> <td>Anti-psychotics</td> <td>Benzodiazepines</td> </tr> <tr> <td>Cardiac medications</td> <td>Diuretics</td> <td>Hypnotics</td> </tr> <tr> <td>Narcotics</td> <td>General anesthesia</td> <td>Lower extremity/Spinal block</td> </tr> </table>	Anti-arrhythmics	Anti-convulsants	Anti-depressants	Anti-hypertensives	Anti-psychotics	Benzodiazepines	Cardiac medications	Diuretics	Hypnotics	Narcotics	General anesthesia	Lower extremity/Spinal block	Risk factors for injury (Check all that apply): <ul style="list-style-type: none"> A. Age > 85 B. Bones - osteoporosis, previous fracture, prolonged steroid use, bone metastases C. Coagulation abnormalities - anticoagulants, bleeding disorders, conditions causing coagulopathy S. Surgery - recent limb amputation or major abdominal or thoracic surgery
Anti-arrhythmics	Anti-convulsants	Anti-depressants											
Anti-hypertensives	Anti-psychotics	Benzodiazepines											
Cardiac medications	Diuretics	Hypnotics											
Narcotics	General anesthesia	Lower extremity/Spinal block											

Screening questions included in this tool are based upon risk factors for falls identified through review of the literature detailed in the following Advisory article:

Feil M, Gardner LA. Falls risk assessment: a foundational element of falls prevention programs.

Pa Patient Saf Advis [online] 2012 Sep [cited 2015 Nov 3].

[http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2012/Sep;9\(3\)/Pages/home.aspx](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2012/Sep;9(3)/Pages/home.aspx)