

Radiology Falls Risk Assessment Tool

This sample assessment tool may be used to alert radiologic technologists to a patient's risks for falls. Complete Sections A and B to determine if precautionary falls measures may be required. Information for completing the tool may be obtained from the patient, the patient's designee, a nurse, a handoff form, or through observation.

Radiology Service: _____ **Date of Service:** _____

Patient Name: _____ **Date of Birth:** _____

Ordering Physician: _____

Emergency Department **Inpatient** **Outpatient** **Other** _____

Unit/Room No.: _____ **Nurse:** _____

Section A. If any of the responses to the questions below are "Yes," consider implementing precautionary measures per facility policy or procedure. Several questions offer additional assessment opportunities for falls prevention.

Is the patient prone to falls or has the patient had a recent fall?	Yes	No	N/A
If yes, do you require additional assistance with the patient?	Yes	No	N/A
Does the patient use an assistive device?	Yes	No	N/A
If yes, is the patient using the device within the radiology department?	Yes	No	N/A
If yes, does he or she require additional assistance?	Yes	No	N/A
Does the patient take or has the patient taken a high-alert medication such as a benzodiazepine for anxiety?	Yes	No	N/A
Has the patient been fasting?	Yes	No	N/A
Does the patient require assistance in the dressing area or restroom?	Yes	No	N/A
Is the patient elderly, fasting, or taking a high-alert medication, including a sedative for the procedure?	Yes	No	N/A
Does he or she use an assistive device?	Yes	No	N/A
Does the patient require assistance to the examination table?	Yes	No	N/A
If yes, do you require additional assistance with the patient?	Yes	No	N/A
Does the patient exemplify any of the following falls hazards?			
Stocking feet	Yes	No	N/A
If yes, are gripped socks available for patient use?	Yes	No	N/A
Socks without grips	Yes	No	N/A
If yes, are gripped socks available for patient use?	Yes	No	N/A
Untied shoelaces	Yes	No	N/A
If yes, can the patient tie or does he or she require assistance in tying shoelaces?	Yes	No	N/A
Long patient gown, pants, or skirt	Yes	No	N/A
If yes, can the patient lift or does he or she require assistance in lifting gown or skirt or cuffing pant legs?	Yes	No	N/A

Section B. If any of the responses to the questions below are “No,” consider requesting additional assistance or contacting the patient’s nurse or ordering physician before initiating the procedure. Some questions offer additional assessment opportunities for falls prevention.

Is the patient able to follow instructions?	Yes	No	N/A
Is the patient able to sit and/or stand independently?	Yes	No	N/A
Will the patient be able to complete the study as ordered?	Yes	No	N/A
Has the patient been recently toileted?	Yes	No	N/A
If no, does the patient need to use the toilet before or after the procedure?	Yes	No	N/A
Has the patient been comfortably positioned or repositioned on the stretcher, procedure table, or stool?	Yes	No	N/A
If no, does the patient require repositioning before or after the procedure?	Yes	No	N/A

Name of radiologic technologist completing assessment: _____

Date: _____

More information is available online at <http://www.patientsafetyauthority.org>.

This assessment tool accompanies
 Falls in radiology: establishing a unit-specific prevention program.

Pa Patient Saf Advis [online] 2011 Mar [cited 2011 Mar 1].

Available from Internet:

[http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2011/mar8\(1\)/Pages/12.aspx](http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2011/mar8(1)/Pages/12.aspx).