

Introduction - Morse Fall Scale

Fall Risk is based upon Fall Risk Factors and it is more than a Total Score. Determine Fall Risk Factors and Target Interventions to Reduce Risks. Complete on admission, at change of condition, transfer to new unit, and after a fall.

Credit: SAGE Publications

Morse Fall Scale

Variable	Rating	Score
History of Falling	No =0 Y=25	[]
Secondary Diagnosis	No =0 Y=15	[]
Ambulatory Aid	None/bed rest /nurse assist=0 Crutches/cane/ walker=15	[]
IV or IV access	No =0 Y=20	[]
Gait	Normal/bed rest/ wheelchair=0 Weak=10	[]
Mental status	Knows own limits =0 Overestimates or forgets limit=15	[]
Total		[]

Sample Risk Level

Risk Level	MFS Score	Nursing Action
No Risk	1-24	Good Basic Nursing Care
Low Risk	25-50	Implement Standard Fall Prevention Interventions
High Risk	>50	Implement High Risk Fall Prevention Interventions

Important Note: The Morse Fall Scale should be calibrated for each particular healthcare setting or unit so that fall prevention strategies are targeted to those most at risk. In other words, risk cut off scores may be different depending on if you are using it in an acute care hospital, nursing home or rehabilitation facility. In addition, scales may be set differently between particular units within a given facility.

Assessment

- Assess patient's ability to comprehend and follow instructions
- Assess patient's knowledge for proper use of adaptive devices
- Need for side rails: up or down
- Hydration: monitor for orthostatic changes
- Review meds for potential fall risk (HCTZ, Ace inhibitors, Ca channel blockers, B blockers)
- Evaluate treatment for pain

Safety Factors

- Maintain bed in low position, bed alarm when needed
- Call bell, urinal and water within reach. Offer assistance with elimination needs routinely
- Buddy system
- Wrist band identification
- Ambulate with assistance
- Do not leave unattended for transfers / toileting
- Encourage patient to wear non-skid slippers or own shoes
- Lock bed, wheelchairs, stretchers and commodes

Family/Patient Education

- PT consult for gait techniques
- OT for home safety evaluation
- Family involvement with confused patients - Sitters
- Instruct patient/family to call for assistance with out-of-bed activities
- Exercise, nutrition
- Home safety (including plan for emergency fall notification procedure)

Environment

- Room close to nurses station
- Orient surroundings, reinforce as needed
- Room clear of clutter
- Adequate lighting
- Consider the use of technology (non-skid floor mats, raised edge mattresses)