

National Ambulance	
Fall Risk Assessment Tool	
If patient has any of the following condition, check the box and apply Fall Risk Intervention as indicated.	
High Fall Risk – Ensure patient is moved by stretcher	
☐ History of more than one fall within 6-month prior	
☐ Patient has experienced a fall during the time crew has been with patient	
☐ Patient experienced a seizure	
Low Fall Risk – Patient must be moved by stretcher	
☐ Complete paralysis or completely immobilized	
Do not continue with Fall Risk Score Calculation if any above conditions are checked	
Fall Risk Calculation – Select the appropriate option in each category. Add all points	Points
to calculate the Fall Risk Score. (If no option is selected, score for category is 0)	
Age ☐ 60-69 years (1 point)	
□ 70-79 years (2 points)	
greater than or equal to 80 years (3 points)	
Elimination, Bowel and Urine	
☐ Incontinence (2 point)	
☐ Urgency/Frequency and incontinence (3 points)	
Medications: PCA/opiates, anticonvulsants, antihypertension, diuretics, hypnotics,	
laxatives, sedatives, and psychotropics	
☐ On one fall risk drug (1 point)	
☐ On two or more fall risk drugs (2 points)	
☐ Sedation procedure within past 24 hours (3 points)	
Patient Care Equipment: Any equipment that tethers patient (e.g. IV Infusion, chest	
tube, indwelling catheter, etc.)	
☐ One present (1 point)	
Two Present (2 points)	
☐ Three or more present (3 points)	
Mobility (May select multiple and add score together)	
Requires assistance or supervision for mobility, transfer, or ambulation (2 points)	
Unsteady gait (2 points)	
☐ Visual or auditory impairment affecting mobility (2 points)	
Cognition (May select multiple and add score together)	
☐ Altered awareness of immediate physical environment (1 point)	
☐ Impulsive (2 points)	
☐ Lack of understanding of one's physical and cognitive limitations (4 points)	
Total Fall Risk Score (Sum of all points per category)	
SCORING: 6 or greater nations must be transported on stretcher	





