FALL RISK ASSESSMENT (MODIFIED MORSE SCALE):

Variables	Numeric Value			CNS / CVS Medication	No	0
					Yes	20
History of Falling	No	0		Gait		
	Yes	25		Normal / bed rest / wheel chair		0
Secondary Diagnosis / Elimination	No	0		Weak		10
Problem	Yes	15		Impaired		20
Ambulatory Aid				**Mental Status**		
None / bed rest / nurse assist		0		Oriented to own stability		0
Crutches / cane / walker		15		Overestimated or forgets limitations		15
Furniture		30		Total Score		45

INITIAL ASSESSMENT TO SPEICAL NEEDS AND VULNERABILITY OF PATIENT:

	Yes	No	Remarks (Please Specify)
Terminally ill patients		✓	
Patients with intense chronic pain		✓	
Women in labor or experiencing termination of pregnancy		✓	
Patients with emotional or psychological distress		✓	
Patient suspected or drug or alcohol dependency		✓	
Victims of abuse & neglet		✓	
Patients whose immune system is compromised		✓	
Patient with infections and communicable diseases	✓	✓	Suspected Dengue
Does the patient have implants		✓	
Has tracheotomy been done		✓	
Has colostomy been done		✓	
Patient with AV Fistula		✓	
Any other potential needs of the patient		✓	

PERSONAL BELONGINGS / VALUABLE:

Valuables	Description	With Patient	Sent Home	If sent home- Name & Signature of the patient party	Remarks
Dentures	☐ Upper ☐ Lower ☐ Both NO				
Hearing aid	☐ Right ☐ Left ☑ No				
Eye glasses/ Contact lens	☐ Yes ☑ No				Not brought from home
Jewellery	☐ Yes ☑ No				
Other valuables (Specify)	—				

Report (List of X-Ray), ECG, lab reports retained with the nurse)

Name of Attendant : __Dr. M. Lolchal__ .   Signature : __Mu Mum__

Name of Admitting Nurse : __Deepti__ Emp. ID : __N3581__ Signature : __Deepti__ Date : __31 10 24__ Time : __2pm__

Name of Unit in Charge : __Sonia Mathew__ Emp. ID : __N9731__ Signature : __Souis__ Date : __3 10 24__ Time : __6pm__