



FALL RISK RE-ASSESSMENT FORM (Adult)

DIAGNOSIS: Sepsis (post openthe appendy)

Date & Time	Fall Risk Score	Category	Intervention	Sign & Employee ID	INTERVENTIONS POST MODIFIED MORSE SCALE
20/10/2024 10 AM	20	Medium risk	1 - 26	<i>[Signature]</i>	0-24: Low Risk 25-44: Medium Risk * 45 & Above: High Risk**
8PM	35	Medium risk	1 - 26	<i>[Signature]</i>	
10pm	35	Medium risk	1 - 26	<i>[Signature]</i>	
21/10/2024 8AM	35	Medium risk	1 - 26	<i>[Signature]</i>	
3PM	35	medium Risk	1-26	<i>[Signature]</i>	
10P	35	medium Risk	1-26	<i>[Signature]</i>	
22/10/2024 8AM	35	medium Risk	1-26	<i>[Signature]</i>	
3P	35	medium Risk	1-26	<i>[Signature]</i>	
10P	35	medium Risk	1-26	<i>[Signature]</i>	
23/10/2024 8AM	35	Medium risk	1-26	<i>[Signature]</i>	
3PM	35	Medium risk	1-26	<i>[Signature]</i>	
10PM	35	medium Risk	1-26	<i>[Signature]</i>	
24/10/2024 8AM	35	Medium risk	1-26	<i>[Signature]</i>	
3PM	35	Medium risk	1-26	<i>[Signature]</i>	
10P	35	medium Risk	1-26	<i>[Signature]</i>	
25/10/2024 8AM	35	Medium risk	1-26	<i>[Signature]</i>	
3P	35	Medium risk	1-26	<i>[Signature]</i>	
10P	35	medium Risk	1-26	<i>[Signature]</i>	
26/10/2024 8AM	35	Medium risk	1-26	<i>[Signature]</i>	
3PM	35	Medium risk	1-26	<i>[Signature]</i>	
10P	35	medium Risk	1-26	<i>[Signature]</i>	
27/10/2024 8AM	35	Medium risk	1-26	<i>[Signature]</i>	

Interventions for Low Risk (0-24)

1. Familiarize the patient with the immediate surroundings
2. Provide continuous orientation to person, place, time and environment
3. Remind the patient to use call bell before getting out of bed
4. Keep the two side rails in the raised position at all times for all patients regardless of age
5. Keep the call bell, bedside table, water, glasses within the patient's easy reach.
6. Remove excess equipment or furniture to make a clear path
7. Keep the patient's bed in the low position at all times except during procedure
8. Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed
9. Equipment such as wheel chairs, beds, commode chairs should have brakes that are working properly
10. Bed wheels should be locked
11. Assign attendant if possible, to help the patients to feel secure
12. Encourage family participation in the patient's care
13. Ensure that floor of the bathroom is dry & not slippery
14. Review medications for potential side effects that can promote falls
15. Use safety belts during movement in wheelchair
16. The patients are not ambulated by themselves. They are to be ambulated only with assistance

Interventions for Medium Risk (25-44)

17. Apply all the low risk interventions.
18. Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat
19. Use restraints and bed monitors as ordered by the doctor
20. Allow the patient to ambulate only with assistance
21. Make "comfort" rounds every 2 hours and include change in position, toileting, offer fluids and ensure that patient is warm and dry
22. Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care
23. Do not leave patients unattended in diagnostic or treatment areas
24. Accompany the patient while going to bathroom
25. Assist the patient to grab bars near the toilet, bathtub, and shower
26. Make sure the family and other visitors understand the restrictions mentioned above

Interventions for High Risk (45 & Above)

27. Apply all the low and medium risk interventions
28. Locate the high-risk patients in a room close to the nurses 'station
29. Answer these patients call bells as quickly as possible
30. Provide a commode at bedside (if appropriate)
31. Urinal/bedpan should be within easy reach (if appropriate)
32. Encourage family members or other visitors to stay with them
33. If appropriate, consider using protection devices: safety belts.
34. Place red beds tags for easy identification.