



**MGM**  
**NEW BOMBAY HOSPITAL, VASHI**

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MR KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGM-P2406726  
Age/Sex : 56 Years /M/FDA : 05/10/2024  
BED : TICU-008 WARD : TIC  
DR. DR PRASHANT ATHALE

### FALL RISK RE-ASSESSMENT FORM (Adult)

DIAGNOSIS: P. Intestinal Perforation, Appendicular Perforation

Date & Time	Fall Risk Score	Category	Intervention	Sign & Employee ID	INTERVENTIONS POST MODIFIED MORSE SCALE
15/10/24 6 AM	15	low risk	1 - 16	✓ 2401	0-24: Low Risk 25-44: Medium Risk * 45 & Above: High Risk**
10/10/24 6 AM	35	medium risk	1 - 26	✓ 2401	Interventions for Low Risk (0-24)
6/10/24 8 AM	35	medium risk	1 - 26	✓ 2401	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
10/10/24 8 AM	35	medium risk	1 - 26	✓ 2401	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
9 AM	35	medium risk	1 - 26	✓ 2401	Interventions for Medium Risk (25-44)
10 AM	35	medium risk	1 - 26	✓ 2401	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
11 AM	35	medium risk	1 - 26	✓ 2401	Interventions for High Risk (45 & Above)
12 PM	35	medium risk	1 - 26	✓ 2401	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.
1 PM	35	medium risk	1 - 26	✓ 2401	