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

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		✓	
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 N/A				
Hearing aid	☐ Right ☐ Left ☑ No				
Eye glasses/ Contact lens	☐ Yes ☑ No				
Jewellery	☐ Yes ☑ No				
Other valuables (Specify)					

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

Name of Attendant : Pawpiama Tamang Signature :

Name of Admitting Nurse : Rajw Emp. ID : N3341 Signature : Date : 5/10/21 Time : 2p

Name of Unit in Charge : Sr. Reena Emp. ID : N3192 Signature : Reena N3192 Date : 5/10/21 Time : 3PM