



MGM
NEW BOMBAY HOSPITAL, VASHI
Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703
Tel.: (022) 5066 6777



MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years /MPOA : 05/10/2024
BED : SW-518 WARD : MWU
DR : DR.PRASHANT ATHALE

FALL RISK RE-ASSESSMENT FORM (Adult)

DIAGNOSIS: Sepsis

Date & Time	Fall Risk Score	Category	Intervention	Sign & Employee ID	INTERVENTIONS POST MODIFIED MORSE SCALE
8pm	35	medium risk	1-26	Jayshree N3352	0-24: Low Risk 25-44: Medium Risk * 45 & Above: High Risk** Interventions for Low Risk (0-24) <ol style="list-style-type: none">1. Familiarize the patient with the immediate surroundings2. Provide continuous orientation to person, place, time and environment3. Remind the patient to use call bell before getting out of bed4. Keep the two side rails in the raised position at all times for all patients regardless of age5. Keep the call bell, bedside table, water, glasses within the patient's easy reach6. Remove excess equipment or furniture to make a clear path7. Keep the patient's bed in the low position at all times except during procedure8. Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed9. Equipment such as wheel chairs, beds, commode chairs should have brakes that are working properly10. Bed wheels should be locked11. Assign attendant if possible, to help the patients to feel secure12. Encourage family participation in the patient's care13. Ensure that floor of the bathroom is dry & not slippery14. Review medications for potential side effects that can promote falls15. Use safety belts during movement in wheelchair16. The patients are not ambulated by themselves. They are to be ambulated only with assistance Interventions for Medium Risk (25-44) <ol style="list-style-type: none">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 seat19. Use restraints and bed monitors as ordered by the doctor20. Allow the patient to ambulate only with assistance21. Make "comfort" rounds every 2 hours and include change in position, toileting, offer fluids and ensure that patient is warm and dry22. Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care23. Do not leave patients unattended in diagnostic or treatment areas24. Accompany the patient while going to bathroom25. Assist the patient to grab bars near the toilet, bathtub, and shower26. Make sure the family and other visitors understand the restrictions mentioned above Interventions for High Risk (45 & Above) <ol style="list-style-type: none">27. Apply all the low and medium risk interventions28. Locate the high-risk patients in a room close to the nurses 'station29. Answer these patients call bells as quickly as possible30. 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 them33. If appropriate, consider using protection devices: safety belts.34. Place red beds tags for easy identification.
3pm	35	medium risk	1-26	Vile N3374	
10pm	35	medium risk	1-26	Nibham N3329	
8am	35	medium risk	1-26	Jayashree N3352	
3pm	35	medium risk	1-26	Rashika N3329	
10pm	35	Medium risk	1-26	Sophy N3346	
6am	35	medium risk	1-26	Al N3357	
2pm	35	medium RISK	1-26	Pratik N3487	