

FALL RISK ASSESSMENT

- 3 - Previous Falls (recent history).
- 3 - Disoriented/confused/combative.
- 2 - Impaired mobility.
- 2 - Taking narcotic analgesics/hypnotics/sedatives.
- 2 - Impaired eyesight.
- 1 - Taking diuretics, laxatives.
- 1 - Orthostatic hypotension.
- 1 - Over 80 years, under 3 years.
- 1 - Surgery/special procedure in last 24h.
- 1 - Impaired hearing.

5-7 Moderate Risk
8 and greater - High Risk

BRADEN SCALE

Sensory Perception

- 1 - Completely limited
- 2 - Very limited
- 3 - Slightly limited
- 4 - No impairment

Moisture

- 1 - Constantly moist
- 2 - Very moist
- 3 - Occasional moist
- 4 - Rarely moist

Activity

- 1 - Bedfast
- 2 - Chairfast
- 3 - Walks occasionally
- 4 - Walks frequently

Nutritional Status

- 1 - Very poor
- 2 - Probably inadequate
- 3 - Adequate
- 4 - Excellent

Mobility

- 1 - Completely mobile
- 2 - Very limited
- 3 - Slightly limited
- 4 - No limitations

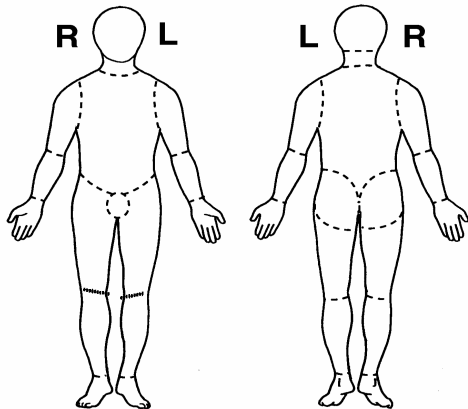
Friction & Shear

- 1 - Problems
- 2 - Potential problem
- 3 - No apparent problem

GLASCOW COMA SCALE

EYE OPENING	4	Spontaneous	
	3	To Voice	
	2	To Pain	
VERBAL RESPONSE	1	None	
	2	Incomprehensible	
	3	Inappropriate	
	4	Confused	
	5	Oriented	
MOTOR RESPONSE	1	None	
	2	Extension Decerebrate	
	3	Flexion Decorticate	
	4	Withdrawals	
	5	Localize	
	6	Obeys Commands	

INTEGUMENTARY



ANTERIOR

POSTERIOR

- 1 - Abrasion
- 2 - Amputation
- 3 - Burn
- 4 - Cast
- 5 - Contusion
- 6 - Crepitus
- 7 - Edema
- 8 - Fracture/Deformity
- 9 - Hematoma
- 10 - Incision
- 11 - Laceration
- 12 - Loss of Sensation
- 13 - Stab & Puncture Wound

	DATE:	/	/
MEDS/PAIN MANAGEMENT	Pain Level (0-10) Pain/anxiety not interfering c̄ ADL/sleep. <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> FACES Pain level p̄ interventions (Time/1-10)		
NEUROLOGICAL MUSCULOSKELETAL	Neurological status same or improved. No S/S of ↑ ICP/Vasospasm. Arouses to verbal, tactile, painful stimuli. Oriented to person, place, time. Speech clear, appropriate. PERL. EOM's, blink, corneal intact. Face symmetrical. Tongue & trach midline. Swallow & gag intact. Grips (=). Push/pull (=). No arm drift. Dorsiplantar flexion (=). MAE CSP. Sensation intact. No nuchal rigidity or photophobia. FRA <input type="text"/> NIHSS <input type="text"/>	GCS: <input type="text"/>	GCS: <input type="text"/>
CARDIO-VASCULAR	VS within parameters. Skin warm & dry. Normal color. Heart tones audible, S ₁ , S ₂ , regular rhythm & rate. Peripheral pulses palpable. No calf tenderness. Monitor: NSR.		
RESPIRATORY	SpO₂ ≥ 90%. Respirations unlabored. Breath sounds clear all lung fields. Clear sputum. Non-productive cough. O ₂ as per pathway. <input type="checkbox"/> See RT flow sheet for vent settings. IS goal: <input type="text"/>	Achieved: <input type="text"/>	Achieved: <input type="text"/>
GASTRO-INTESTINAL	N/V controlled. NPO. Abdomen soft, non-tender c̄ audible bowel sounds. Tube placement checked c̄ air bolus auscultation. Irrigates easily. Last BM: <input type="text"/>		
FLUID BALANCE/IV	Output ≥ 30ml/h or ≥ 240ml/8h. Foley patent c̄ clear, yellow/amber urine. No peripheral edema. IV No drainage or redness. <input type="checkbox"/> No IV.		
INTEGUMENTARY	Skin intact, non-reddened. Braden Scale: <input type="text"/>		
PSYCHO SOCIAL	Pt/SO states understanding of care provided & demonstrates satisfaction. Appearance, behavior, verbalization appropriate to situation. Questions answered & emotional support provided.		
TEACHING	Pt/SO stated understanding of care provided. States understanding of ICH process, treatments, & procedures. Anxiety, language, sensory or cognitive deficits of pt/ SO not interfering c̄ ability to learn. Questions answered & emotional support provided.		
PHYSICIAN COMMENTS	1 Paged in hospital 5 DX report called 2 Paged per service 6 Report faxed 3 Office contact 7 Physician contact 4 Home contact 8 Physician present *Physician order	TIME CODE <input type="text"/>	
ASSESS	<input type="checkbox"/> 0700-1500/1900: Assessed q̄ _____ & prn. <input type="checkbox"/> 1500/1900: Assessed q̄ _____ & prn. <input type="checkbox"/> 1500/2300: Assessed q̄ _____ & prn.	Assessment unchanged except as noted:	

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INTEGUMENTARY			
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