

Morse Fall Scale EHR Screens

Emergency Services



Overview: The Morse Fall Scale is an evidence-based risk stratification tool for fall prevention practices. The screenshots and notes below outline changes within the EHR in alignment with the 2022.2 release.

Safety/Risk Regulatory

The EDM module has been updated to include the new Morse Falls Scale and will be applicable to adult patients with an ESI level of 1, 2, or 3. Pediatric patients will continue to be assessed using the current nursing judgement-based screening tool. Age-based programming is in place to direct the nurse to the appropriate scale.

EHR Screen

The screenshot shows a window titled "Assess fall risk!". Inside the window, there is a list with one item: "1 Yes". A yellow callout box with a red border contains the text: "Fall risk should be documented at admission, every shift and any change in status". At the bottom of the window, there is a text input field containing "Assess fall risk:~" and a "(End)" button.

Process Step

Select "Yes" to document fall risk at outlined intervals.

Emergency Services

- Once per encounter for ESI levels 1-3
- PRN with any change in patient status

**For adult ER patients, this will open the Morse Fall Scale.*

**For pediatric patients, this will open the existing fall risk assessment.*

EHR Screen

Morse Fall Scale score and risk level:

Click box to display full documentation -->

History of falling (immediate or previous):>Yes *
Secondary diagnosis:>No *
Ambulatory aid:>Crutches/cane/walker *
IV/heparin lock:>Yes *
Gait/transferring:>Normal/bedrest/immobile *
Mental status:>Oriented to own ability *

Morse Fall Scale score and risk level:>

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Morse Fall Scale score and risk level:

Click box to display full documentation -->

History of falling (immediate or previous):>Yes *
Secondary diagnosis:>No *
Ambulatory aid:>Crutches/cane/walker *
IV/heparin lock:>Yes *
Gait/transferring:>Normal/bedrest/immobile *
Mental status:>Oriented to own ability *

Morse Fall Scale score and risk level:>60

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Morse Fall Scale score and risk level:

Click box to display full documentation -->

History of falling (immediate or previous):>Yes *
Secondary diagnosis:>No *
Ambulatory aid:>Crutches/cane/walker *
IV/heparin lock:>Yes *
Gait/transferring:>Normal/bedrest/immobile *
Mental status:>Oriented to own ability *

Morse Fall Scale score and risk level:>60

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Process Step

Complete Morse Fall Scale screening questions:

- History of falling
- Secondary diagnosis
- Ambulatory aid
- IV/heparin lock
- Gait/transferring
- Mental status

View the final score and risk level*

**Due to native Meditech functionality, the risk level will not be visible when the cursor is in the final query field on this screen.*

Simply arrow up or view the Morse Fall Scale in its entirety by clicking to the right of the red information bar.

MORSE FALL SCALE

History of falling: immediate or previous
- Yes (25)
- No (0)

Secondary diagnosis
- Yes (15)
- No (0)

Ambulatory aid
- None/bedrest/nurse assist (0)
- Crutches/cane/walker (15)
- Furniture (30)

IV/Heparin Lock
- Yes (20)
- No (0)

Gait/Transferring
- Normal/bedrest/immobile (0)
- Weak (10)
- Impaired (20)

Mental Status
- Oriented to own ability (0)
- Forgets limitations (15)

No Risk: 0

to <end of text> <Return>/<Esc>/<Exit> when done

EHR Screen

Morse Fall Scale

Active fall prevention interventions:

<input type="checkbox"/> 1 Assistive devices	<input type="checkbox"/> 7 Physical PSA	<input type="checkbox"/> 13 Other additional interv
<input type="checkbox"/> 2 Bed/chair alarm	<input type="checkbox"/> 8 Slow position changes	
<input type="checkbox"/> 3 Diversion techniques	<input type="checkbox"/> 9 Supervised/assisted amb	
<input type="checkbox"/> 4 Gait belt	<input type="checkbox"/> 10 Supervised toileting	
<input type="checkbox"/> 5 Low bed	<input type="checkbox"/> 11 Virtual PSA	
<input type="checkbox"/> 6 Med review/timing optimiz	<input type="checkbox"/> 12 Visual aids accessible	

Active fall prevention interventions:

Additional fall prevention interventions:

Document maternal risk for newborn drop/falls:

(Prev Page) (End)

Process Step

Assign fall prevention interventions based on individualized patient risk factors.

NOTE: This is a multi-select field to capture all applicable nursing interventions.

Additional fall prevention interventions is a required, free-text field when "Other additional interv" is selected in the Active fall prevention interventions field.