

Morse Fall Scale Huddle Card – Emergency



Overview: The Morse Fall Scale is an evidence-based risk stratification tool for fall prevention practices. The elements outlined below should be assessed routinely according to the table at the bottom of this page.

Fall Risk Screening Frequency: All Emergency Services areas will screen for fall risk:

- Once per encounter
- PRN with change in patient status

Morse Fall Scale

| Element | Responses (Score) | Gait/Transferring |
|--|--|---|
| History of Falling <i>(Immediate or Past 3 Months)</i> | <ul style="list-style-type: none"> • No (0) • Yes (25) | <p>Weak</p> <ul style="list-style-type: none"> • Stooped stance • Able to lift the head while walking • Short, shuffled steps <p>Impaired</p> <ul style="list-style-type: none"> • Difficulty rising from seated position • Takes several attempts to stand • Watches the ground while walking • Support person / item is needed to steady oneself |
| Secondary Diagnosis <i>(> 2 Medical Diagnoses in Chart)</i> | <ul style="list-style-type: none"> • No (0) • Yes (15) | |
| Ambulatory Aid | <ul style="list-style-type: none"> • None / bedrest / nurse assist (0) • Crutches / cane / walker (15) • Furniture (30) | |
| IV/Heparin Lock | <ul style="list-style-type: none"> • No (0) • Yes (20) | |
| Gait/Transferring | <ul style="list-style-type: none"> • Normal / bedrest / immobile (0) • Weak (10) • Impaired (20) | |
| Mental Status | <ul style="list-style-type: none"> • Oriented to own ability (0) • Forgets limitations (15) | |

| Fall Risk Levels | | |
|------------------|--------------|------------|
| Low Risk | Medium Risk | High Risk |
| Score: 0-24 | Score: 25-44 | Score: 45+ |

SECONDARY DIAGNOSIS

Secondary diagnoses can be viewed via the provider-completed **History & Physical documentation and Problem List** (available for viewing in the Progress Notes section).

ESI LEVELS

Fall risk screening is **required** to be completed **for all ESI levels 1-3** at this time.