Morse Fall Scale Huddle Card - Inpatient



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 adult inpatient areas will screen for fall risk:

- Upon admission
- Once per shift
- PRN with change in patient status or level of care

Morse Fall Scale

Element	Responses (Score)
History of Falling (Immediate or Past 3 Months)	No (0)Yes (25)
Secondary Diagnosis (> 2 Medical Diagnoses in Chart)	No (0)Yes (15)
Ambulatory Aid	 None / bedrest / nurse assist (0) Crutches / cane / walker (15) Furniture (30)
IV/Heparin Lock	No (0)Yes (20)
Gait/Transferring	Normal / bedrest / immobile (0)Weak (10)Impaired (20)
Mental Status	Oriented to own ability (0)Forgets limitations (15)

Gait/Transferring

Weak

- Stooped stance
- Able to lift the head while walking
- · Short, shuffled steps

Impaired

- Difficulty rising from seated position
- Takes several attempts to stand
- Watches the ground while walking
- Support person / item is needed to steady oneself

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).

NOTE: Inpatients may develop additional medical diagnoses throughout their course of stay. The nurse should remain up-to-date regarding the patient condition and consider all documented and developed diagnoses and comorbidities for consideration of this component.