Name _____

Morse Fall Scale

This scale is used to identify risk factors for falls.

Please fill out correctly, and if you have any questions ask for help with it once you are in the room

Item	Item Score		Patient Score
1. History of falling (immediate or previous) *answer is yes even if you didn't actually hit the floor	No Yes	0 25	_____
2. Secondary diagnosis (≥ 2 medical diagnoses in patient's chart) *ex: High Blood Pressure, Diabetes, Cancer, etc *answer is yes if they are maintained with medication	No Yes	0 15	_____
3. Ambulatory aid (Use for help with steadiness while walking) None/bedbound/nurse assist Crutches/cane/walker (even if temporary) Furniture		0 15 30	_____
4. IV medications/heparin lock/chemo	No Yes	0 20	_____
5. Gait (Ability to walk normally without help) Normal/bedbound/wheelchair Weak[1] Impaired[2]		0 10 20	_____
6. Mental status Oriented to own ability Overestimates/forgets limitations		0 15	_____

Total Score: Tally the patient score and record
<25: Low Risk
25-45: Moderate Risk
>45: High Risk

_____

[1]Weak gate: Short steps (may shuffle), stooped but able to lift head while walking, may seek support from furniture while walking, but with light touch for reassurance.

[2]Impaired gait: Short steps with shuffle, may have difficulty arising from chair, head down, significantly impaired balance, requiring furniture, support person or walking aid to walk