



NC-F-16A

Fall Risk Screening -- Morse Fall Scale

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Version:	1.0	Related Policy:	NC-16 Patient Safety & Fall Prevention

Fall Risk Screening -- Morse Fall Scale

NobleCare Home Health LLC

Form NC-F-16A | Per Policy NC-16 -- Patient Safety & Fall Prevention

Complete this assessment at admission, with each recertification, after any fall, and upon significant change in condition. The Morse Fall Scale is a validated tool for identifying patients at risk for falls.

Patient Information

Patient Name

Medical Record #

Date of Assessment

Assessor Name / Credentials

Morse Fall Scale Assessment

#	Assessment Item	Scale	Score
1	History of falling (within past 3 months)	No = 0 / Yes = 25	_____
2	Secondary diagnosis (2 or more medical diagnoses)	No = 0 / Yes = 15	_____
3	Ambulatory aid	None / bed rest / nurse assist = 0	_____
		Crutch / cane / walker = 15	
		Furniture = 30	
4	IV / heparin lock	No = 0 / Yes = 20	_____
5	Gait	Normal / bed rest / immobile = 0	_____
		Weak = 10	
		Impaired = 20	
6	Mental status	Oriented to own ability = 0	_____
		Overestimates ability / forgets limitations = 15	

****TOTAL SCORE****

Risk Level Determination

- **Low Risk**** (0--24): Standard fall prevention precautions
- **Medium Risk**** (25--44): Implement medium-risk interventions
- **High Risk**** (45+): Implement high-risk interventions

Interventions by Risk Level

Risk Level	Interventions	Implemented
All Patients	Educate patient/caregiver on fall prevention	
	Ensure clear pathways in home	
	Adequate lighting, especially at night	
	Non-slip footwear recommended	
Medium Risk (25--44)	Environmental safety assessment (NC-F-16B)	
	Assistive device evaluation	
	Medication review for fall-risk medications	
	Exercise / strength program referral	
	Scheduled toileting if applicable	
High Risk (45+)	All medium-risk interventions PLUS:	
	Notify physician of high fall risk	
	PT/OT referral for gait and balance training	
	Caregiver education on supervision needs	
	Consider personal emergency response system	
	Increase visit frequency if indicated	
	Home modification recommendations	

Additional Notes / Observations

Reassessment Schedule

Next Reassessment Due

Reassessment Trigger

Reassess: At recertification, after any fall, upon significant change in condition, or per physician order.

Assessor Signature

Assessor
Signature Credentials Date