<table>
<thead>
<tr>
<th><strong>Edmonson Psychiatric Fall Risk Assessment ©</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date &amp; Initials</strong></td>
</tr>
<tr>
<td><strong>Complete Daily &amp; upon admission</strong></td>
</tr>
<tr>
<td><em>More than one item may be circled in each category if appropriate for the patient.</em></td>
</tr>
</tbody>
</table>

**Age**
- 8 Less than 50
- 10 50-79
- 26 80-over

**Mental Status**
- -4 Fully Alert/Oriented at all times
- 12 Agitation/Anxiety
- 13 Intermittently confused
- 14 Confusion/Disorientation

**Elimination**
- 8 Independent with control of bowel/bladder
- 12 Catheter/Ostomy
- 10 Elimination with Assist
- 12 Altered elimination (incontinence, nocturia, frequency)
- 12 Incontinent but Ambulates Independently

**Medications**
- 10 No Medications
- 10 Cardiac Medications
- 8 Psychotropic Medications (Including benzodiazepines and antidepressants)
  **OR**
- 12 Increase in these medications and/or PRN (psych, pain) medication received in the last 24 hours

**Diagnosis**
- 10 Bipolar/ Schizoaffective Disorder
- 8 Substance abuse/Alcohol abuse
- 10 Major Depressive Disorder
- 12 Dementia/ Delirium

**Ambulation/Balance**
- 7 Independent/Steady gait/Immobile
- 8 Proper Use of Assistive Devices (cane, walker, w/c)
- 10 Vertigo/Orthostatic Hypotension/Weakness
- 8 Unsteady/Requires Assist and Aware of Abilities
- 15 Unsteady but Forgets Limitations

**Nutrition**
- 12 Has had very little food or fluids in the past 24 hours
- 0 No apparent abnormalities with appetite

**Sleep Disturbance**
- 8 No Sleep Disturbance
- 12 Report of Sleep Disturbance by patient, family or staff

**History of Falls**
- 8 No History of Falls
- 14 History of Falls in the last 3 months

**TOTAL** Add all nine columns

**FALL RISK = SCORE OF 90 OR GREATER**
Definition Key for Risk Factors: Edmonson Fall Risk Assessment Tool

Mental Status:
  Patient may score for Agitation/ Anxiety and the other categories including Fully alert, Intermittently confused or Confused/ disorientation.

Elimination:
  Elimination with assistance is defined as follows:
  ✓ Patient calls for assistance with toileting on a regular basis.

Diagnosis:
  Use the physician’s diagnosis. Some patients may have more than one diagnosis.
  Patient may score for each diagnosis, for example Major Depressive Disorder and Alcohol Abuse.

Ambulation/ Balance:
  Patient may score in more than one category, for example Independent and Orthostatic hypotension.

Nutrition:
  Use the Nurses Notes (24 hour summaries) or Admission Profile to obtain this information.
  A patient can be given a score of 12 based on any of the following:
  ✓ Caregiver or patient report of decreased appetite and intake of food and fluids over the last 24 hours.
  ✓ Documentation of patient meal/ supplement intake of less than 50 % over the last 24 hours.
  ✓ Documentation of “poor fluid intake” within the last 24 hours by nurses and/or nursing technicians.
  ✓ Physical assessment reveals signs of dehydration or poor fluid intake (for example poor skin turgor, dry mucous membranes, abnormal labs).

Sleep Disturbance:
  Use the Nurses Notes (24 hour summaries) or Admission Profile to obtain this information.
  A patient can be given a score of 12 for sleep disturbance for any of the following:
  ✓ Patient, family or caregiver report of sleep disturbance (for example “not sleeping”, “awake half the night”).
  ✓ Documentation of 4 hours or less of consecutive sleep the night prior to assessment.

History of Falls:
  Use the Nurses Notes (24 hour summaries) or Admission Profile to obtain this information.
## Medications

[List includes, but is not limited to medication categories related to fall risk]

<table>
<thead>
<tr>
<th>Psychotropics</th>
<th>Antidepressants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haldol</td>
<td>Zoloft</td>
</tr>
<tr>
<td>Thorazine</td>
<td>Prozac</td>
</tr>
<tr>
<td>Risperdal</td>
<td>Celexa</td>
</tr>
<tr>
<td>Navane</td>
<td>Amitriptyline</td>
</tr>
<tr>
<td>Zyproxa Prolixin</td>
<td>Lexapro</td>
</tr>
<tr>
<td>Geodon Loxapine</td>
<td>Wellbutrin</td>
</tr>
<tr>
<td>Clozaril Perphenazine</td>
<td>Effexor (XR)</td>
</tr>
<tr>
<td>Chlorprothixene</td>
<td>Paxil</td>
</tr>
<tr>
<td>Seroquel</td>
<td>Amoxapine</td>
</tr>
<tr>
<td>Melliaril</td>
<td>Chlomipramine</td>
</tr>
<tr>
<td></td>
<td>Desipramine</td>
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<tr>
<td></td>
<td>Trimipramine</td>
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</tbody>
</table>

*Include MAOIs at nurses’ discretion. No current research findings to support related falls.

### Benzodiazepines
- Lorazepam (Ativan)
- Clonazepam (Klonopin)
- Diazepam (Valium)
- Librium (Chlordiazepoxide)
- Alprazolam (Xanax)
- Flurazepam
- Midazolam
- Oxazepam
- Temazepam (Restoril)
- Clorazepate

### Cardiac Medications

#### Beta Blockers
- Atenolol
- Esmolol hydrochloride
- Labetalol
- Metoprolol
- Nadalol
- Pindolol
- Propranolol
- Sotalol
- Timolol

#### Calcium Channel Blockers
- Amlodipine
- Diltiazem
- Isradipine
- Nicardipine hydrochloride
- Nifedipine
- Verapamil

#### Antiarrhythmics
- Amiodarone hydrochloride
- Bretylium tosylate
- Digoxin
- Disopyramide phosphate
- Encainide
- Flecaainide acetate
- Lidocaine hydrochloride
- Procainamide hydrochloride
- Quinidine bisulfate
- Tocainide hydrochloride

#### Alpha adrenergic blockers
- Doxazosin mesylate
- Prazosin hydrochloride
- Terazosin

#### ACE Inhibitors
- Captopril
- Enalapril
- Lisinopril
- Quinapril hydrochloride
- Benazepril

#### Vasodilators
- Clonidine hydrochloride
- Hydralazine hydrochloride
- Isosorbide dinitrate