

## Radiology Falls Risk Assessment Tool

This sample assessment tool may be used to alert radiologic technologists to a patient's risks for falls. Complete Sections A and B to determine if precautionary falls measures may be required. Information for completing the tool may be obtained from the patient, the patient's designee, a nurse, a handoff form, or through observation.

**Radiology Service:** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Ordering Physician:** \_\_\_\_\_  
**Emergency Department**  **Inpatient**  **Outpatient**  **Other**  \_\_\_\_\_  
**Unit/Room No.:** \_\_\_\_\_ **Nurse:** \_\_\_\_\_

**Section A.** If any of the responses to the questions below are "Yes," consider implementing precautionary measures per facility policy or procedure. Several questions offer additional assessment opportunities for falls prevention.

<b>Is the patient prone to falls or has the patient had a recent fall?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
If yes, do you require additional assistance with the patient?	Yes	No	N/A
<b>Does the patient use an assistive device?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
If yes, is the patient using the device within the radiology department?	Yes	No	N/A
If yes, does he or she require additional assistance?	Yes	No	N/A
<b>Does the patient take or has the patient taken a high-alert medication such as a benzodiazepine for anxiety?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
<b>Has the patient been fasting?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
<b>Does the patient require assistance in the dressing area or restroom?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Is the patient elderly, fasting, or taking a high-alert medication, including a sedative for the procedure?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Does he or she use an assistive device?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
<b>Does the patient require assistance to the examination table?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
If yes, do you require additional assistance with the patient?	Yes	No	N/A
<b>Does the patient exemplify any of the following falls hazards?</b>			
Stocking feet	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
If yes, are gripped socks available for patient use?	Yes	No	N/A
Socks without grips	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
If yes, are gripped socks available for patient use?	Yes	No	N/A
Untied shoelaces	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
If yes, can the patient tie or does he or she require assistance in tying shoelaces?	Yes	No	N/A
Long patient gown, pants, or skirt	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
If yes, can the patient lift or does he or she require assistance in lifting gown or skirt or cuffing pant legs?	Yes	No	N/A

**Section B.** If any of the responses to the questions below are “No,” consider requesting additional assistance or contacting the patient’s nurse or ordering physician before initiating the procedure. Some questions offer additional assessment opportunities for falls prevention.

Is the patient able to follow instructions?	<input type="radio"/>	Yes	<input type="radio"/>	No	<input type="radio"/>	N/A
Is the patient able to sit and/or stand independently?	<input type="radio"/>	Yes	<input type="radio"/>	No	<input type="radio"/>	N/A
Will the patient be able to complete the study as ordered?	<input type="radio"/>	Yes	<input type="radio"/>	No	<input type="radio"/>	N/A
Has the patient been recently toileted?	<input type="radio"/>	Yes	<input type="radio"/>	No	<input type="radio"/>	N/A
If no, does the patient need to use the toilet before or after the procedure?		Yes		No		N/A
Has the patient been comfortably positioned or repositioned on the stretcher, procedure table, or stool?	<input type="radio"/>	Yes	<input type="radio"/>	No	<input type="radio"/>	N/A
If no, does the patient require repositioning before or after the procedure?		Yes		No		N/A

**Name of radiologic technologist completing assessment:** \_\_\_\_\_

**Date:** \_\_\_\_\_

More information is available online at <http://www.patientsafetyauthority.org>.

This assessment tool accompanies  
 Falls in radiology: establishing a unit-specific prevention program.  
 Pa Patient Saf Advis [online] 2011 Mar [cited 2011 Mar 1].

Available from Internet:

[http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2011/mar8\(1\)/Pages/12.aspx](http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2011/mar8(1)/Pages/12.aspx).