

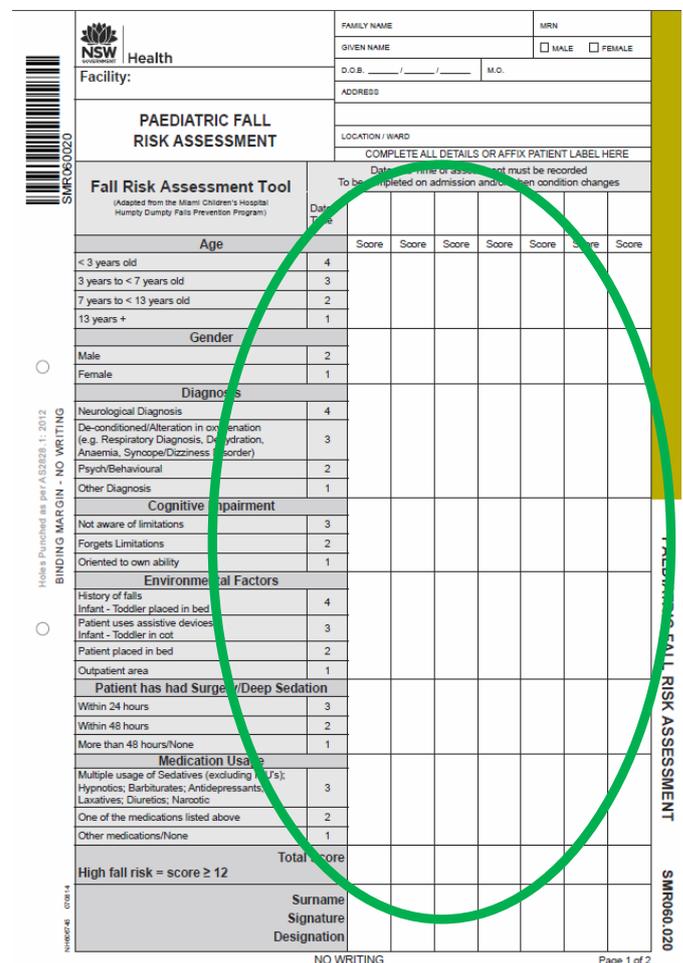
Falls Prevention – Tips to assist in completing the NSW Paediatric Fall Risk Assessment Tool

The NSW Paediatric Fall Risk Assessment tool can help to predict the possibility of a child falling. It requires nursing clinical judgment and should be individualised to each child.

The NSW Paediatric Fall Risk Assessment tool uses a cumulative calculation model.

- There are six parameters; each parameter receives a score.
- If for some reason the items in any parameter are not applicable the child would receive the minimal score of 1.
- If a child falls into multiple categories in a parameter, the highest score of the possible choices would be given. For example if a child with a history of seizures (neurological) is admitted for pneumonia (alteration in oxygenation), then the neurological condition would be weighted more.
- Each parameter is added in a cumulative fashion.
- The highest score a child can receive is 23.
- The lowest score a child can receive is 7.

Any child with a score of 12 or above is considered “High Fall Risk”.



NSW Health
Family Name: _____ MRN: _____
Given Name: _____ MALE FEMALE
D.O.B: ____/____/____ M.O: _____
Address: _____
Location / Ward: _____
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
Date of Birth: _____
Date of Admission: _____
Date of Discharge: _____
To be completed on admission and when condition changes

Parameter	Sub-category	Score	Score	Score	Score	Score	Score
Age	< 3 years old	4					
	3 years to < 7 years old	3					
	7 years to < 13 years old	2					
	13 years +	1					
Gender	Male	2					
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	De-conditioned/Alteration in oxygenation (e.g. Respiratory Diagnosis, Dehydration, Anaemia, Syncope/Dizziness Disorder)	3					
	Psych/Behavioural	2					
	Other Diagnosis	1					
	Cognitive Impairment						
Cognitive Impairment	Not aware of limitations	3					
	Forgets Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of falls	4					
	Infant - Toddler placed in bed	3					
	Patient uses assistive devices	3					
	Infant - Toddler in cot	2					
	Patient placed in bed	2					
Patient has had Surgery/Deep Sedation	Outpatient area	1					
	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/None	1					
Medication Usage	Multiple usage of Sedatives (excluding GUs); Hypnotics; Barbiturates; Antidepressants; Laxatives; Diuretics; Narcotic	3					
	One of the medications listed above	2					
	Other medications/None	1					
	Total score						
High fall risk = score ≥ 12							
Surname Signature Designation							

NO WRITING

Acknowledgement to:

Miami Children's Hospital Humpty Dumpty Falls Prevention Program.

For more information scan this with your smart phone

Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au



The assessment parameters include:

Age: is the chronological of the child.

Gender: indicate male or female

Diagnosis:

- If the child has multiple, secondary or underlying diagnoses then the score is based on the highest acuity diagnosis. (example a sickle cell child with a history of strokes or seizures would receive a higher neurological score)
- Examples of diagnosis include but are not limited to-
 - Neurological: seizures, head traumas, hydrocephalus, cerebral palsy, etc. This would include children being worked up for neurological diagnosis.
 - Alterations in oxygenation: This category encompasses any diagnosis that can result in the decrease in oxygenation to the brain or a decrease in oxygen carrying ability of the red blood cells. Alteration in oxygenation goes beyond respiratory diseases and may include dehydration, anaemia, anorexia, syncope, etc.
 - Psychiatric/Behavioural disorders: can include mood disorders (major depression, bi-polar disorder) and impulse control disorders
 - Other diagnosis: anything that does not fall into the other categories (examples include but not limited to cellulitis, orthopedics)

Cognitive Impairments: (note this should be scored keeping in mind the child's awareness of their ability to function and perform ADLs and should not necessarily be based on age, instead be sure to consider physiologic components that affect cognitive awareness)

- Not aware of limitations: can be any age group and is dependent on inability to understand the consequences of their actions. (example- severe head trauma, infancy)
- Forgets limitations: can be any age group. The child has the ability to be aware of their limitations however due to the factors such as age, diagnosis, current presenting symptoms, or current alteration in function (such as weakness or hypoglycemia) the child forgets their limitations. Can include children prone to temper tantrums.
- Oriented to ability: able to make appropriate decisions, understanding consequences of actions.

Environmental Factors:

- History of falls: during admission or previous admission.
- Infant/toddler placed in bed: inappropriate placement of infant/toddler in a bed versus a proper placement in a crib.
- Child using assistive devices: includes but not limited to crutches, walkers, canes, splints.
- Infant/toddler in crib: appropriate crib placement.
- Furniture/Lighting: multiple pieces of furniture or pumps/low lighting in the room.
- Child placed in bed: appropriate bed placement.
- Outpatient area: inpatient receiving services in an outpatient area of the hospital.

Response to Surgery/Sedation/Anesthesia: child who has undergone surgery or a procedure requiring sedation or anesthesia within in the allotted time frames.

Medication Usages: child who is taking medications which could alter their level of consciousness and affect their cognitive awareness.