Morse Fall Scale

Name:			Date of birth:		
Gender:			Contact information:		
Address:					
Medical record number:			Date:		
Factors				Score	
History of falling	No	No (score as 0)			
	Ye	Yes (score as 25)			
Secondary diagnosis	No	No (score as 0)			
	Ye	Yes (score as 15)			
Ambulatory aid	Ве	Bed rest/nurse assist (score as 0)			
	Cr	Crutches/cane/walker (score as 15)			
	Fu	Furniture (score as 30)			
IV or IV access	No	No (score as 0)			
	Ye	Yes (score as 20)			
Gait	No	Normal/bed rest/immobile (score as 0)			
	W	Weak (score as 10)			
	Im	Impaired (score as 20)			
Mental status	Kr	Knows own limits (score as 0)			
	O	Overestimates or forgets limits (score as 15)			
Total score:					
Risk level/Interpretation		MFS score	Action		
No risk		0 - 24	Good basic nursing care		
Low to moderate risk		25 - 45	Implement standard fall prevention interventions		
High risk		46 +	Implement high-risk fall prevention intervention		
Healthcare practitioner:					
Signature:					
Date:					

Morse, J. M., Morse, R. M., & Tylko, S. J. (1989). Development of a Scale to Identify the Fall-Prone Patient. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement, 8*(4), 366–377. https://doi.org/10.1017/s0714980800008576