



The Morse Fall Risk Assessment Tool (MFS)

The Morse Fall Scale is one of the most popular patient falls risk assessment tools. It was developed by Janice M. Morse, known widely as an international falls expert. The MFS was published in 1989 and is now used by healthcare facilities across Canada and the United States, including the VA National Center for Patient Safety.

According to Morse, approximately 14% of all falls in hospitals are accidental; another 8% are unanticipated physiologic falls; and 78% are anticipated physiologic falls. Anticipated physiologic falls in the MFS have some of the following patient characteristics: a prior fall, weak or impaired gait, use of a walking aid, intravenous access, or impaired mental status.

ITEM	SCORE	RESULT
History of Falling	No, 0 Yes, 25	_____
Secondary Diagnosis	No, 0 Yes, 25	_____
Ambulatory Aid	None/bedrest/nurse assist, 0 Crutches/stick/frame, 15 Grasps furniture, 30	_____
Intravenous Therapy/ Pump	No, 0 Yes, 20	_____
Gait	Normal/bedrest/wheelchair, 10 Weak, 20 Impaired, 20	_____
Mental Status	Oriented to own ability, 0 Overestimated/forgets limitations, 15	_____
TOTAL		_____
Score = 0 - 125 Provide Universal Fall Precautions		
Score = 45 - 125 Initiate Falls Protocol, initiate or revise Falls Plan of Care		
Score = 75 - 125 Consult Falls Nurse		
A score of 45 or greater means Patient is "at high" risk for falls"		

All patients should be assessed upon admission using the MFS. A numerical scale to measures patient risk levels and score patients against. Once the assessment is completed the scores are totalled and the final score determines which falls risk level the patient is at. For more information on scoring patients please call 1-866-516-5446 to speak with a Carroll Hospital Group—Falls Team Member.

Source: Morse JM. Enhancing the safety of hospitalization by reducing patient falls. Am J Infect Control. 2002;30(6):376-380. Copyright 2007 Carrol Hospital Group.