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Morse Fall Scale

100+ CLINICAL PROCEDURE
STEP-BY-STEPS TO CHOOSE FROM

Background: This tool can be used to identify risk factors for falls in hospitalized patients. While the total score can be used to predict future falls, it is most useful for identifying risk factors in order to form a care plan to address them.

Reference: Adapted from Morse JM, Morse RM, Tylko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8:366-7. Reprinted with the permission of Cambridge University Press.

How to use this tool: A training module on proper use of the Morse Fall Scale developed by the Partners HealthCare Fall Prevention Task Force may be found at https://www.brighamandwomens.org/assets/BWH/medical-professionals/pdfs/fall-tips-toolkit-mfs-training-module.pdf

Item	Item Score	Patient Score
1. History of falling (immediate or previous)	No **0** Yes **25**	________
2. Secondary diagnosis (≥ 2 medical diagnoses in patient's chart)	No **0** Yes **15**	________
3. Ambulatory aid None/bedrest/nurse assist Crutches/cane/walker Furniture	 **0** **15** **30**	________
4. Intravenous therapy/heparin lock	No **0** Yes **20**	________
5. Gait Normal/bedrest/wheelchair Weak[1] Impaired[2]	 **0** **10** **20**	________
6. Mental status Oriented to own ability Overestimates/forgets limitations	 **0** **15**	________
Total Score: Tally the patient score and record.[3] **<25:** Low risk **25-45:** Moderate risk **>45:** High risk		________

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[1]**Weak gait:** Short steps (may shuffle), stooped but able to lift head while walking, may seek support from furniture while walking, but with light touch for reassurance.

[2]**Impaired gait:** Short steps with shuffle; may have difficulty arising from chair; head down; significantly impaired balance, requiring furniture, support person, or walking aid to walk.

[3]**Suggested scoring** based on Morse JM, Black C, Oberle K, et al. A prospective study to identify the fall-prone patient. Soc Sci Med 1989; 28(1):81-6. However, note that Morse herself said that the appropriate cut-points to distinguish risk should be determined by each institution based on the risk profile of its patients. For details, see Morse JM, , Morse RM, Tylko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7.

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