

# Hendrich II Fall Risk Model™

RISK FACTOR	OPERATIONAL DEFINITION	RISK POINTS	SCORE
<b>Confusion/ Disorientation/ Impulsivity</b>	Patient may be disoriented to time, place, and/or person. Patient is unable to retain or receive instructions, or displays impaired safety or personal judgment: a cluster of global, transient changes and disturbances in attention, cognition, psychomotor activity, level of consciousness, and/or sleep/wake cycles, impulsive behavior, hallucinations, agitation, unrealistic, inappropriate or unusual behavior. This may be a progressive neurological state, drug induced, or behavioral in origin. Stroke patients (left hemi) may exhibit impulsive, unpredictable behavior as a result of the cerebral insult.	<b>4</b>	
<b>Symptomatic Depression</b>	Medical diagnosis of depression. Nursing assessment finds the patient appears depressed, hopeless, in a melancholic mood, is not interacting appropriately, and/or is tearful, withdrawn, displays a flat affect or seeming lack of interest, or the patient states he/she is depressed. A general loss of interest in life events. If the depression is managed with drugs and/or therapies, they do NOT score additional points when the depression is in therapeutic control.	<b>2</b>	
<b>Altered Elimination</b>	Altered elimination from the clinical norm, such as incontinence, nocturia, frequency, urgency or stress incontinence, diarrhea, or related to use of cathartics; any toileting self-care deficit, e.g., physical impairment. This does NOT include a Foley or indwelling catheter UNLESS it causes symptoms referenced above while in use with the patient. When the catheter is removed, it can be a high-risk time until normal elimination is established.	<b>1</b>	
<b>Dizziness/Vertigo</b>	Medical diagnosis of vertigo or the patient reports a sensation of spinning. Sway path may be present when the patient stands (circular motion upon arising). This is often seen in the aging adult with poor gait and balance and can occur as a result of some drug side effects. Often seen in the newly delivered obstetric patient.	<b>1</b>	
<b>Gender</b>	Male. The “go it alone” factor and/or “I don’t want a female nurse to help me. Does NOT apply to obstetrics and pediatrics.	<b>1</b>	
<b>Any Administered Antiepileptics<sup>1</sup></b>	Carbamazepine, Divalproex Sodium, Ethotoin, Ethosuximide, Felbamate, Fosphenytoin, Gabapentin, Lamotrigine, Mephenytoin, Methsuximide, Phenobarbital, Phenytoin, Primidone, Topiramate, Trimethadione, Valproic Acid	<b>2</b>	
<b>Any Administered Benzodiazepines<sup>2</sup></b>	Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate Dipotassium, Diazepam, Flurazepam, Halazepam <sup>3</sup> , Lorazepam, Midazolam, Oxazepam, Temazepam, Triazolam	<b>1</b>	
<b>Get-Up-and-Go Test: “Rising From a Chair”</b>			
With patient sitting in a chair (preferred) or on the side of the bed, place palm of hands flat on thighs and ask the patient to stand without assistance. Score the patient according to the guidelines below. If the patient is unable to perform the test (traction, debilitation/atrophy), score all other risk factors that can be assessed. If the patient scores a 5 or greater (without the Get-Up-and-Go) and can ATTEMPT to get up, they should be considered “high risk for falls.” If they cannot attempt to get up at all, but have risk points, they should be considered “pending high risk” and placed on the fall prevention guidelines as soon as they can ATTEMPT to get up. If the patient is comatose or in a drug-induced coma and the assessment for fall risk cannot be completed, document ‘unable to assess fall risk status at this time due to _____’ and note on the patient record. Once the condition changes, all or a portion of the risk assessment should be completed as described above.			
<b>Ability to rise in a single movement - no loss of balance with steps</b>		<b>0</b>	
<b>Pushes up, successful in one attempt</b>		<b>1</b>	
<b>Multiple attempts, but successful</b>		<b>3</b>	
<b>Unable to rise without assistance during test</b> (If unable to assess, document this on the patient chart with the date and time.)		<b>4</b>	
<b>A score of 5 or greater = High Risk</b>		<b>TOTAL SCORE</b>	

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#### On-going Medication Review Updates:

1 Levetiracetam (Keppra) was not assessed during the original research conducted to create the Hendrich Fall Risk Model. As an antiepileptic, levetiracetam does have a side effect of somnolence and dizziness which contributes to its fall risk and should be scored (effective June 2010).

2 The study did not include the effect of benzodiazepine-like drugs since they were not on the market at the time. However, due to their similarity in drug structure, mechanism of action and drug effects, they should also be scored (effective January 2010).

3 Halazepam was included in the study but is no longer available in the United States (effective June 2010).