

**NURSING DIVISION**  
**MINISTRY OF HEALTH MALAYSIA**  
**DAILY MORSE FALL SCALE ASSESSMENT CHART**

NAME:		REG NO. :		WARD:	
DIAGNOSIS:		AGE:		ADMISSION DATE:	
<b>ITEMS</b>	<b>DATE</b>				
	<b>TIME</b>				
	<b>SCORE</b>	<b>SCORE</b>	<b>SCORE</b>	<b>SCORE</b>	<b>SCORE</b>
<b>History of fall</b>					
NO	0				
YES	25				
<b>Secondary Diagnosis</b>					
If only 1 active medical diagnosis	0				
Secondary diagnosis $\geq$ 2 medical diagnosis in chart	15				
<b>Ambulatory Aids</b>					
None/ Bed rest / Nurse Assist	0				
Crutches/ Cane/ Walker	15				
Furniture (Patient clutched onto furniture for support)	30				
<b>IV therapy / Heparin Lock (IV devices)</b>					
No: 0	0				
Yes: 20	20				
<b>Gait</b>					
Normal/ bed rest/ immobile	0				
Weak	10				
Impaired	20				
<b>Mental Status</b>					
Oriented to own ability	0				
Over estimates or forgets limitations	15				
<b>Total Score :</b>					
<b>Signature of Staf :</b>					
<b>LEVEL OF RISK</b>	<b>MFS SCORE</b>	<b>COLOUR CODE</b>	<b>ACTION</b>	Patient assessment <b>MUST be done Daily</b> and during change of patient's status	
NO RISKS FOR FALLS	0	NONE	Implement Standard Falls Risk Interventions		
LOW RISK	1 - 24	WHITE	Implement Moderate Falls Risk interventions		
MODERATE RISK	25 - 45	YELLOW	Implement High Falls Risk interventions		
HIGH RISK	> 45	RED	Implement High Falls Risk interventions		