

## GA PNS Fall Risk Assessment

When an individual is found to be at risk of falling on the GA PNS Fall Risk Screen, the GA PNS Fall Risk Assessment must be completed within 24 hours. Be sure to notify all appropriate clinicians of any individual at Fall Risk.

### Steps for completing the GA PNS Fall Risk Assessment

1. Log into myAvatar 2020 PROD
2. Select the individual in the Search Clients field
3. Open the form from the Search Forms field or the My Forms widget

The screenshot shows the 'Ga PNS Fall Risk Assessment' form. It includes a 'Submit' button and a 'Fall Risk Assessment' widget. The form fields are: Date of Assessment (10/07/2020), Time of Assessment (02:51 PM), Type of Assessment (Initial/Annual), History of Falls (score 2), Current Status, and Medical and Psychiatric Conditions. A widget on the right displays the data entered on the GA PNS Fall Risk Screen.

- The GA PNS Fall Risk Assessment is a scored form – the score for an item is entered in the free text field.
- Once all scores are entered, myAvatar will add the scores to produce a Total Fall Risk Score.

Total Fall Risk Score 26

- Some fields will only require a score be entered.

### Fields that require a score to be entered

History of falls documented and/or reported history of fall(s) 2

(0) No fall history in past 12 months  
(1) Fall in past 6-12 months  
(2) Fall in past 2-6 months  
(3) Fall in past 2 months

- Other fields will require contributors to be selected prior to entering a score for the item.

### Fields requiring contributors

Identify contributors by clicking in the check box to the left of each contributor. After all contributors are selected, look to see the highest level of contributor (Potential vs Moderate vs High Risk). Based on the available parameters under the item, enter the score in the free text field based on the highest level of contributor present. See example below:

## GA PNS Fall Risk Assessment

**Sensory and Communicative Function**

**Identify POTENTIAL sensory and communicative contributors**

Somatosensory disorder       Hearing disorder  
 Wears corrective lenses       None

**Identify HIGH RISK sensory and communicative contributors**

Blind  
 Severe language barrier  
 Unable to communicate needs/wants  
 None

**Identify MODERATE sensory and communicative contributors**

Blurred vision  
 Cataracts  
 Glaucoma  
 Corrective lenses but does not wear  
 Moderate language barrier  
 Impaired communication of needs/wants  
 None

**Sensory and communicative contributors**

(0) No sensory impairments  
(1) Potential contributor condition  
(2) Moderate contributor conditions  
(3) High Risk contributor conditions  
(3) 2 or more contributor conditions

Since the highest level of contributor is included in the Moderate contributors field, a score of 2 is entered in the Sensory and communicative contributors fields because the parameters display (2) Moderate contributor conditions.

### Steps to save the GA PNS Fall Risk Assessment

1. Save the document. The document can be saved in Draft to be completed at another time. If documentation is complete, the assessment should be saved in Final Status.
2. Submit the document by clicking on the Submit button.
3. When saved as Final, a Confirm Document window will open. The data entered displays in the window for review. By clicking the Accept button a password window displays to capture your myAvatar password for your electronic signature. If changes need to be made, then click the Reject button to go back to the assessment. If you need to route the document to another staff member for a second signature, then click the Accept and Route button.

myAvatar 2020 - Confirm Document

Date Created: 10/07/2020 at 03:46 PM EDT  
Form Name: Ga PNS Fall Risk Assessment  
Client's Name: NURSE, TRAINING (000492918)  
Client's DOB:

GA Regional Hospital at Atlanta  
3073 Panthersville Road Decatur, GA 30034  
Tel: 404-243-2100

**Fall Risk Assessment**  
Date of Assessment: 10/07/2020  
Time of Assessment: 03:45 PM  
Type of Assessment: Change in Status  
History of falls documented and/or reported history of fall(s): 2  
Identify POTENTIAL medical/psychiatric contributors: Depression w/decreased sleeping  
Identify MODERATE medical/psychiatric contributors: Seizure disorder, 1 or more seizures in past 6-12 mos  
Identify HIGH RISK medical/psychiatric contributors: Two or more conditions present  
Medical and/or Psychiatric conditions present?: 3

Accept      Accept and Route      Reject

Verify Password

Password:

OK      Cancel

Electronic Signature

Click OK button to save and close the GA PNS Fall Risk Assessment.

NOTE: When adding a new GA PNS Fall Risk Assessment, all information from the most current assessment will pull forward onto the new assessment form.