

## ASSESS/UNDERSTAND/ESTABLISH

There are eight proven, predictive risk factors on the **Hendrich II Fall Risk Model**. Each risk factor has an assigned risk weight based upon the study findings. If the person scores “yes” on a risk factor, the corresponding number of points are added to the person’s score in the box to the far right. If a person’s risk factor score totals 5 or more, the person is at high risk for a fall and requires interventions to address their modifiable risk factors.

While a score of 5 or greater equals a statistically significant increased risk of falling, caregivers also must

rely on clinical judgment and intuition when assessing fall risk. When a person scores only four points—or even fewer—they are still at some risk of falling, and you should use your best clinical judgment to address all risk factors as part of a holistic care plan.

Hendrich II FALL RISK MODEL		
Risk factor	Risk points	Score
Confusion/Disorientation/Impulsivity	4	
Symptomatic depression	2	
Altered elimination	1	
Dizziness/Vertigo	1	
Gender (male)	1	
Any administered antiepileptics (anticonvulsants) <sup>1</sup>	2	
Any administered benzodiazepines <sup>2</sup>	1	
<b>Get-Up and Go Test: Rising From a Chair</b> NOTE: If unable to assess, monitor for change in activity level, assess other risk factors, and document both on patient chart with date and time.		
Ability to rise in a single movement—no loss of balance with steps	0	
Pushes up, successful in one attempt	1	
Multiple attempts, but successful	3	
Unable to rise without assistance during test	4	
<b>A total score of 5 or greater = high risk</b>	<b>TOTAL SCORE:</b>	<input type="text"/>
<b>Ongoing Medication Review Updates:</b> <small>                         *Recent (benzodiazepines) use not reviewed 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 the fall risk and should be scored (June 2010). Baricitabine (Burrin), Sildenafil (Burgess), and Gabapentin (Burgess) were not included in the study and are not commonly seen in practice however they are currently available and available to use on patient medication lists (September 2010). Vaginal (benzodiazepines), Lyrica (pregabalin), and Zolpidem (benzodiazepines) were not assessed during the original Hendrich research. These medications can cause documented CNS effects and should be scored if administered (January 2010).  <sup>1</sup> 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. They are Lorazepam (Benjamin), Oxazepam (Benjamin), Temazepam (Benjamin), and Alprazolam (Benjamin) (June 2010). Midazolam (2010), Prazepam (2010), Flurazepam (2010), Clonazepam (2010) were not included in the study and are not commonly seen in practice however they are currently available and could be seen on patient medication lists (September 2010).  <sup>2</sup> Medication was included in the study but was no longer available in the United States (June 2010).                     </small>		
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### Assess the risk factors

**Use** the **HIIFRM** tool to assess the 8 risk factors.

**Review** the person’s detailed history and physical (H&P). Ensure the assessment incorporates an evaluation of their social determinants of health.

**Ask** family, friends, caregivers, other providers, or the referral facility about their recent behavior and symptoms.

**Observe** their behavior and symptoms.

**Reassess** if patient condition changes or a minimum of once a shift.

### Understand what matters most to the person

**Find out and document** what matters to the person.

### Establish the historical baseline for diagnosis and comparison

**Utilize** the information collected when assessing the risk factors to determine the person’s historical baseline.

**Compare** the current assessment data with the historical baseline information.

If the current assessment and historical data are the same, ask the the person’s family or caregiver what previously worked for them.

If the current assessment and historical data are different, determine approximate length of time symptoms and/or behaviors have changed from baseline.

## HENDRICH II FALL RISK MODEL™

RISK FACTOR		RISK POINTS	SCORE
Confusion/Disorientation/Impulsivity		4	
Symptomatic Depression		2	
Altered Elimination		1	
Dizziness/Vertigo		1	
Gender		1	
<b>Any Administered Antiepileptics (Anticonvulsants)<sup>1</sup></b>	Carbamazepine, Divalproex Sodium, Ethotoin, Ethosuximide, Felbamate, Fosphenytoin, Gabapentin, Lamotrigine, Meprobentoin, Methsuximide, Phenobarbital, Phenytoin, Primidone, Topiramate, Trimethadione, Valproic Acid	2	
<b>Any Administered Benzodiazepines<sup>2</sup></b>	Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate Dipotassium, Diazepam, Flurazepam, Halazepam <sup>3</sup> , Lorazepam, Midazolam, Oxazepam, Temazepam, Triazolam	1	
<b>Get-Up-and-Go Test: "Rising From a Chair"</b>  <i>NOTE: If unable to assess, monitor for change in activity level, assess other risk factors, document both on patient chart with date and time.</i>			
Ability to rise in a single movement - no loss of balance with steps		0	
Pushes up, successful in one attempt		1	
Multiple attempts, but successful		3	
Unable to rise without assistance during test		4	
<b>A TOTAL SCORE OF 5 OR GREATER = HIGH RISK</b>		<b>TOTAL SCORE:</b>	

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**ONGOING MEDICATION REVIEW UPDATES:**

<sup>1</sup> 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 (June 2010). Banzel (Rufinamide), Sabril (Vigabatrin), Gabitril (Tiagabine) were not included in the study and are very uncommonly seen in practice, however, they are currently available and could be seen on patient medication lists (September 2018).

<sup>2</sup> 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 (June 2010). Prosom (Estazolam), Doral (Quazepam), Onfi (Clobazam) were not included in the study and are very uncommonly seen in practice, however, they are currently available and could be seen on patient medication lists (September 2018).

<sup>3</sup> Halazepam was included in the study but is no longer available in the United States. (June 2010)