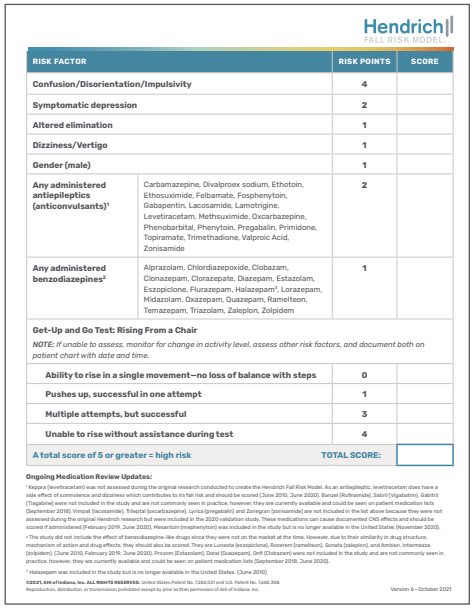
Quick guide for scoring the Hendrich II Fall Risk Model®

Hendrich FALL RISK MODEL®

ASSESS/UNDERSTAND/ESTABLISH

There are eight proven, predictive risk factors on the **Hendrich II Fall Risk Model® (HIIFRM)**. 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 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)[1]	Carbamazepine, Divalproex sodium, Ethotoin, Ethosuximide, Felbamate, Fosphenytoin, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Methsuximide, Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin, Primidone, Topiramate, Trimethadione, Valproic Acid, Zonisamide	2	
Any administered benzodiazepines[2]	Alprazolam, Chlordiazepoxide, Clobazam, Clonazepam, Clorazepate, Diazepam, Estazolam, Eszopiclone, Flurazepam, Halazepam[3], Lorazepam, Midazolam, Oxazepam, Quazepam, Ramelteon, Temazepam, Triazolam, Zaleplon, Zolpidem	1	
Get-Up and Go Test: Rising From a Chair *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	
A total score of 5 or greater = high risk		TOTAL SCORE:	

Ongoing Medication Review Updates:

[1] Keppra (levetiracetam) 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 2019, June 2020). Banzel (Rufinamide), Sabril (Vigabatrin), Gabitril (Tiagabine) 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 2018). Vimpat (lacosamide), Trileptal (oxcarbazepine), Lyrica (pregabalin) and Zonegran (zonisamide) are not included in the list above because they were not assessed during the original Hendrich research but were included in the 2020 validation study. These medications can cause documented CNS effects and should be scored if administered (February 2019, June 2020). Mesantoin (mephenytoin) was included in the study but is no longer available in the United States (November 2020).

[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. They are Lunesta (eszopiclone), Rozerem (ramelteon), Sonata (zaleplon), and Ambien, Intermezza (zolpidem). (June 2019, February 2019, June 2020). Prosom (Estazolam), Doral (Quazepam), Ornl (Clobazam) 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 2018, June 2020).

[3] Halazepam was included in the study but is no longer available in the United States. (June 2019)

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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.

Understand what matters 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 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.

Abstracted from Safe Mobility and Injurious Fall Reduction Clinical Resource Guide

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