Definitions to assist in grading the Humpty Dumpty Falls Assessment Scale

The Humpty Dumpty Falls Assessment Scale requires nursing judgment and individualization to each patient.

- **Age** - Parameter can be based on chronological or developmental age of the patient.
- **Gender** - Self explanatory
- **Diagnosis** - (Associated symptoms that put patient at risk for falls)
  - If the patient has multiple, secondary or underlying diagnosis then the score is based on the highest acuity diagnosis. (example- a sickle cell patient with history of strokes or seizures would receive the higher neurological score)
  - Examples of diagnosis include but are not limited to:
    - Neurological - seizures, head traumas, hydrocephalus, cerebral palsy, etc. This would include patients being worked up for neurological diagnosis.
    - Alterations in oxygenation - This category encompasses any diagnosis that can result in the decrease in oxygenation to the brain or a decrease in oxygen carrying ability of the red blood cells. Alteration in oxygenation goes beyond respiratory diseases and may include dehydration, anemia, anorexia, syncope, etc.
    - Psychiatric/Behavioral disorders - can include mood disorders (major depression, bi-polar disorder) and impulse control disorders
    - Other diagnosis - anything that does not fall into the other categories (examples include but not limited to cellulites, orthopedics)
- **Cognitive Impairments** - (1- Awareness of one’s ability to function and perform ADLs; 2- Not necessarily based on age rather on physiologic components that affect cognitive awareness)
  - Not aware of limitations - Can be any age group and is dependent on inability to understand the consequences to their actions. (Example- severe head trauma, infancy)
  - Forgets limitations - Can be any age group. The child has the ability to be aware of their limitations however do to the factors such as age, diagnosis, current presenting symptoms, or current alteration in function (such as weakness or hypoglycemia) the child forgets their limitations. Can include children prone to temper tantrums.
• Oriented to ability- Able to make appropriate decisions, understanding consequences of actions.

• **Environmental Factors**
  • History of Falls- during admission or previous admission.
  • Infant/toddler placed in bed- Inappropriate placement of infant/toddler in a bed versus a proper placement in a crib.
  • Patient uses assistive devices- includes but not limited to crutches, walkers, canes, splints.
  • Infant/toddler in crib- appropriate crib placement.
  • Furniture/Lighting- multiple pieces of furniture or pumps/low lighting in the room.
  • Patient placed in bed- appropriate bed placement.
  • Outpatient area- inpatient receiving services in an outpatient area.

• **Response to Surgery/Sedation/Anesthesia**- Patient received one within the allotted time frames. No including bedside procedures without anesthesia.

• **Medication Usages**- Purpose of this section is to identify patients who may be at risk for alteration in level of consciousness due to medications that affect cognitive awareness. Medications that are included in any for the medications categories are included, including seizure medications.