

Fall (Witnessed or unwitnessed)

Check ABC - Do NOT move the Patient, Call for Help, Follow all BLS Guidelines in the first instance

Check for signs of injury e.g. **History** (how, point of impact, loss of consciousness), **Assess, Look, Feel** – **Head to toe assessment: Observe** (confusion, lacerations, limb deformity), **Observe/Feel** for pain/soreness/swelling/change of sensation (feeling)/loss of movement in arms/legs, **Vitals** (General Obs or Neuro Obs)

No injury

- Safe recovery of the patient from the floor
- Record vital signs
- Unwitnessed fall – neuro obs
- Monitor for 24 hours for signs of discomfort / injury

Patient deteriorates

Immediate Medical attention or 999 / 112

Stable

Complete documentation as below & request Medical review (to occur within 24 hours)

Suspected Injury

Lower limb fracture:

- **DO NOT** move
- Make warm & comfortable
- Immediate medical attention required
- If doctor cannot attend within 30 mins, dial 999 / 112
- Complete vital signs and act as clinically indicated
- Reassure patient

Other Fracture:

- Pain present – request immediate medical attention
- If doctor cannot attend within 30 mins, dial 999 / 112
- Immobilise the limb (if trained and confident to do so)
- Complete vital signs and act as clinically indicated
- Reassure patient

Head Injury:

- Suspected head injury or trauma to resident taking anticoagulant
- **DO NOT** move
- Observe for altered level of consciousness or vomiting
- If doctor cannot attend within 30 mins, dial 999 / 112
- Complete vital signs and neuro obs and act as clinically indicated
- Reassure patient

Spinal Injury:

- **DO NOT** attempt to move patient
- Complete vital signs and act as clinically indicated
- Dial 999 / 112
- Reassure patient

Cuts/Abrasions/Lacerations:

- Apply First Aid
- Contact GP/MO/transfer to ED, as clinically indicated
- Complete vital signs and act as clinically indicated
- Reassure patient

Safe Recovery of the Patient from the Floor:

Emergency services (Fracture hip/Spinal injury/Head injury) / Manual Assist & Supervision / Sling & Hoist / Spinal board

Decision to move the patient is based on:

- **Manual Handling Principles**
- **Suspected Injury to the Patient**

Keep All Stakeholders Informed of Incident:

NOTIFY: Nurse-in-charge/CNM/ADON
Medical Team / GP
Family (with patient consent)

DOCUMENT: Nursing Post-Fall Checklist & Healthcare Record
Incident report form (NIMS)

FOLLOW UP:

- Incident form to Quality, Safety & Service Improvement Dept
- Report to senior management & regulatory authorities as appropriate

Reassess Falls Risk Factors to Prevent Another Fall:

IDENTIFY & INTERVENE

EDUCATE (Falls prevention)