**In-patient Post Fall Clinical Pathway**

**Initial Print Name Designation Signature**

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**Details of fall and initial actions**

**Date:**

**Time found:**

**Respiratory rate:**

**O2 Saturation:**

**Blood pressure:**

**Heart rate:**

**GCS score:**

**Temperature:**

**BGL:**

Was the patient unconscious? [ ] Yes [ ] No

Obvious major head trauma? [ ] Yes [ ] No

Did the patient show signs of confusion? [ ] Yes [ ] No

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**All care givers who initial are to sign signature log**

- [ ] Key  [ ] Medical  [ ] Nursing  [ ] Allied Health

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**Within 15 minutes**

- [ ] Notify MO to conduct assessment
- [ ] Organise specialist review per local criteria

**Medical assessment**

- [ ] Date of assessment: ____________________  Time of assessment: ____________________
- [ ] Do any of the following apply to the patient?
  - [ ] known coagulopathy
  - [ ] on anticoagulant / antiplatelet therapy
  - [ ] age greater than 65 years
  - [ ] fall from greater than 1 metre in height
  - [ ] suspected head injury
  - [ ] other: ____________________
- [ ] If yes to any above:
  - [ ] check INR / APTT
  - [ ] order CT scan
- [ ] If CT scan unavailable:
  - [ ] phone neurosurgical service for advice or
  - [ ] phone RSQ (1300 799 127) or RFDS for transfer options. Document advice
- [ ] Liaise with MO for other appropriate investigations i.e. x-ray
- [ ] Consider pain management

**Investigations / observations**

- [ ] Suspected head injury or unwitnessed fall

  - What: [ ] neuro obs, respiratory rate, O2 saturation, blood pressure, heart rate
  - When: [ ] hourly for 1 hour, if normal →
  - [ ] hourly for 2 hours, if normal →
  - [ ] hourly for 4 hours, if normal →
  - [ ] observations as per medical order

  - or: If there is a reduction in GCS score of 3 or more points or deterioration of observations
  - or: any change in behaviour, headache and or vomiting

  - if normal

  - if normal

  - if normal

  - CT scan within 8 hours

- [ ] No head injury

  - What: respiratory rate, O2 saturation, blood pressure, heart rate
  - When: [ ] hourly for 4 hours, if normal →
  - [ ] 2nd hourly for 4 hours, if normal →
  - [ ] 4th hourly for 8 hours, if normal →
  - or observations as per medical order

**Management plan (within 24 hours)**

- [ ] Notify next of kin of incident
- [ ] Surgical intervention / treatment plan as per MO
- [ ] Document incident and outcomes in patient’s clinical record
- [ ] Log incident report
- [ ] Communicate incident, outcomes and planned care at handover
- [ ] Review Falls Assessment and Management Plan

**Signature log**

- [ ] Initial
- [ ] Print name
- [ ] Designation
- [ ] Signature
### Clinical events / variances

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<th>Clinical Events / Variance / Action / Outcome (include name, signature, date and staff category with all entries)</th>
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URN: 
Family name: 
Given name(s): 
Address: 
Date of birth: 
Sex: [ ] M [ ] F [ ] I

Adult

For illustration purposes only

DOB: 
Address: 