

Clinical Excellence Division
Creating solutions for better healthcare

Post Fall Clinical Pathway Review 2018



Improvement



Transparency



Patient Safety



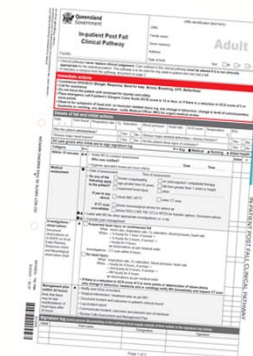
Clinician Leadership



Innovation

Post Fall Clinical Pathway (PFCP) Background

- **2010** – PFCP was developed in response to requests from clinicians for a purpose designed form to facilitate the implementation of best practice care for our patients in Queensland Health (QH) facilities following a fall.
- **2014** – a review was undertaken involving consultation with clinicians from around Queensland, human factors and graphic designers. The review included changes to make the pathway more user friendly.
- **2017** - a minor review was undertaken and resulted in changing the Glasgow Coma Scale from 3 to ≥ 2 points to prompt a patient review and align with the Q ADDS.
- **2018** – a further review was undertaken in response to recommendations endorsed by the Falls National Standard Reference Group
- Recommendations included :
 - consider related injury other than head injury
 - adding prompts to consider surgery/biopsy/procedures
 - include consideration of concealed haemorrhage and other injuries
 - include consideration of appropriate medical imaging

The image shows a sample of the Post Fall Clinical Pathway (PFCP) form. It is a structured document with various sections for data entry. At the top, it includes fields for patient name, date, and time. Below this, there are sections for 'Clinical History', 'Physical Examination', and 'Assessment'. The form is designed to be filled out by healthcare professionals to document the care of a patient who has fallen. It includes checkboxes and text boxes for recording specific clinical findings and actions taken.

Results of the 2018 review

- A review group was established from the state wide Falls National Standard Reference Group consisting of medical, nursing and allied health professionals from around Queensland.
- The review resulted in the inclusion of the recommendations into the Post Fall Clinical Pathway
- The rationale for this was:
 - *The post fall pathway as it stands predominantly focuses on head injury.
 - *Adding recent surgery/procedure will prompt medical officers to consider this during review of the patient following a fall - this will lead to further investigative imaging.
 - *Consideration of the level of experience and skill – junior medical staff after hours often are the reviewing doctor – adding recent surgery /procedure will prompt them to consider expanding their review to include these.



Changes to the Post Fall Clinical Pathway

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 Contact: Public.Comms@queensland.gov.au

Queensland Government
In-patient Post Fall Clinical Pathway

(Affix identification label here)

URN:
 Family name:
 Given name(s): **Adult**
 Address:
 Date of birth: Sex: M F I

Facility:

* Clinical pathways never replace clinical judgement. Care outlined in this clinical pathway must be altered if it is not clinically appropriate for the individual patient. This pathway is to be used for any adult in-patient who has had a fall
 * V indicates a variance from the pathway, document on page 2

Immediate actions
 * Commence DRsABCD (Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillator)
 * Call for assistance
 * Do not move the patient until assessed for injuries and safety
 * Place emergency call if patient's Glasgow Coma Scale (GCS) score is 12 or less; or if there is a reduction in GCS score of ≥2 points
 * Observe for symptoms of head and / or muscular skeletal injury e.g. any change in behaviour, change in level of consciousness, headache or vomiting, any deterioration - notify Medical Officer (MO) for urgent medical review

Details of fall and initial actions
 Date: / / Time found: / / Respiratory rate: / / O₂ Saturation: % Blood pressure: / / Heart rate: / / GCS score: / / Temperature: °C BGL: / /
 Was the patient unconscious? Yes No Obvious major skeletal deformities / fracture / injury? Yes No
 Obvious major head trauma? Yes No Did the patient show signs of confusion? Yes No

All clinicians who initial are to sign signature log **Key** Medical Nursing Allied Health

Category	Initial	V					
Within 15 minutes * Notify MO to conduct assessment Who was notified? _____ Date _____ Time _____ * Organise specialist review as per local criteria							
Medical assessment * Date of assessment: _____ Time of assessment: _____ * Do any of the following apply to the patient? <input type="checkbox"/> known coagulopathy <input type="checkbox"/> on anticoagulant / antiplatelet therapy <input type="checkbox"/> suspected head injury <input type="checkbox"/> fall from greater than 1 metre in height <input checked="" type="checkbox"/> recent surgery / procedure <input type="checkbox"/> other: If yes to any above: <input type="checkbox"/> check INR / APTT <input type="checkbox"/> order CT scan If CT scan unavailable: <input type="checkbox"/> phone neurosurgical service for advice or <input type="checkbox"/> phone RSQ (1300 799 127) or RFDS for transfer options. Document advice <input checked="" type="checkbox"/> Consider concealed haemorrhage <input checked="" type="checkbox"/> Consider pain management							
Investigations / observations Document observations on Early Warning Tool <input checked="" type="checkbox"/> Action and escalate according to score <input type="checkbox"/> Suspected head injury or unWitnessed fall What: neuro obs, respiratory rate, O ₂ saturation, blood pressure, heart rate When: - ¼ hourly for 1 hour, if normal → - ½ hourly for 2 hours, if normal → - hourly for 4 hours, or observations as per medical order Investigations: - CT scan within 8 hours - Liaise with MO for other appropriate investigations (i.e. x-ray) <input type="checkbox"/> No head injury What: respiratory rate, O ₂ saturation, blood pressure, heart rate When: - hourly for 4 hours, if normal → - 2nd hourly for 6 hours, if normal → - 4th hourly for 8 hours, or observations as per medical order <input checked="" type="checkbox"/> If there is a reduction in GCS score of ≥2 points or deterioration of observations (any change in behaviour, headache, vomiting or indications of internal bleed) notify MO immediately and request CT scan							
Management plan (within 24 hours) Note there may be late manifestations of head injury or other injury after 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 / transfer of care * Review Falls Assessment and Management Plan							
Signature log (every person documenting in this pathway must supply sample of their initials in the signature log below)							
Initial	Print name	Designation	Signature	Initial	Print name	Designation	Signature

SV1.35

Addition	Rationale
'Injury' added to Details of fall and initial actions	Prompt to look for injury other than head
Clinician replaced care giver	More inclusive term
Recent surgery/procedure added to Medical Assessment	Prompt to consider other assessments and review surgical site if patient has had recent surgery or procedure
Consider concealed haemorrhage added to Medical Assessment	Prompt to consider other investigations, assessment
Action and escalate according to score added to Investigations/observations category	Prompt for clinicians to action and escalate patients observations
Liaise with MO for other appropriate investigations (i.e. x-ray) added to Investigations/observations	Moved from medical assessment section as is a prompt for an investigation
Indications of internal bleed added to Investigations/observations	Prompt to consider symptoms other than those related to head injury
Transfer of care	Added to meet 2 nd edition of National Safety and Quality Health Service Standards

Completing a Post Fall Clinical Pathway

Queensland Government

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): **Adult**

Address: _____

Date of birth: _____ Sex: M F I

Facility: _____

In-patient Post Fall Clinical Pathway

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Contact: PFCCP@health.qld.gov.au

Immediate actions

- Commence DRs/ABCD (Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillate)
- Call for assistance
- Do not move the patient until assessed for injuries and safety
- Place emergency call if patient's Glasgow Coma Scale (GCS) score is 12 or less; or if there is a reduction in GCS score of ≥2 points
- Observe for symptoms of head and / or muscular skeletal injury e.g. any change in behaviour, change in level of consciousness.

Details of fall and initial actions

Date: / / Time found: : : Respiratory rate: /min O₂ Saturation: % Blood pressure: /mmHg Heart rate: /min GCS score: / / Temperature: °C BGL: /

Was the patient unconscious? Yes No Obvious major skeletal deformities / fracture / injury? Yes No

Oblivious major head trauma? Yes No Did the patient show signs of confusion? Yes No

All clinicians who initial see to sign signature log

Category	Initial	V
Within 15 minutes <ul style="list-style-type: none"> Notify MO to conduct assessment Who was notified? _____ Date _____ Time _____ Organise specialist review as per local criteria 		
Medical assessment <ul style="list-style-type: none"> Date of assessment: _____ Time of assessment: _____ Do any of the following apply to the patient? <ul style="list-style-type: none"> <input type="checkbox"/> known coagulopathy <input type="checkbox"/> on anticoagulant / antiplatelet therapy <input type="checkbox"/> suspected head injury <input type="checkbox"/> fall from greater than 1 metre in height <input type="checkbox"/> recent surgery / procedure <input type="checkbox"/> other: _____ If yes to any above: <ul style="list-style-type: none"> <input type="checkbox"/> check INR / APTT <input type="checkbox"/> order CT scan If CT scan unavailable: <ul style="list-style-type: none"> <input type="checkbox"/> phone neurosurgical service for advice or RFDG (1300 799 127) or RFDG for transfer options. Document advice Consider concealed haemorrhage Consider pain management 		
Investigations / observations <ul style="list-style-type: none"> <input type="checkbox"/> Suspected head injury or unwitnessed fall <ul style="list-style-type: none"> What: neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate When: <ul style="list-style-type: none"> • ¼ hourly for 1 hour, if normal → • ½ hourly for 2 hours, if normal → • hourly for 4 hours, or observations as per medical order Investigations: <ul style="list-style-type: none"> • CT scan within 8 hours • Liaise with MO for other appropriate investigations (i.e. x-ray) <input type="checkbox"/> No head injury <ul style="list-style-type: none"> What: respiratory rate, O₂ saturation, blood pressure, heart rate When: <ul style="list-style-type: none"> • hourly for 4 hours, if normal → • 2nd hourly for 8 hours, if normal → • 4th hourly for 8 hours, or observations as per medical order If there is a reduction in GCS score of ≥2 points or deterioration of observations (any change in behaviour, headache, vomiting or indications of internal bleed) notify MO immediately and request CT scan 		
Management plan (within 24 hours) <ul style="list-style-type: none"> 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 / transfer of care Review Falls Assessment and Management Plan 		

Signature log (every person documenting in this pathway must supply sample of their initials in the signature log below)

Initial	Print name	Designation	Signature	Initial	Print name	Designation	Signature

IN-PATIENT POST FALL CLINICAL PATHWAY

- The recommended immediate response to a fall is highlighted in the red bordered box.
- Details of the fall and the patient's vital signs are recorded on the PFCP and observation chart as soon as possible

Queensland Government
In-patient Post Fall Clinical Pathway

(Affix identification label here)
 URN:
 Family name:
 Given name(s): **Adult**
 Address:
 Date of birth: Sex: M F I

Facility:

• Clinical pathways never replace clinical judgement. Care outlined in this clinical pathway must be altered if it is not clinically appropriate for the individual patient. This pathway is to be used for any adult in-patient who has had a fall
 • V indicates a variance from the pathway, document on page 2

Immediate actions
 • Commence DRSABCD (Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillate)
 • Call for assistance
 • Do not move the patient until assessed for injuries and safety
 • Place emergency call if patient's Glasgow Coma Scale (GCS) score is 12 or less; or if there is a reduction in GCS score of ≥ 2 points
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Details of fall and initial actions
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 Was the patient unconscious? Yes No Obvious major skeletal deformities / fracture / injury? Yes No
 Obvious major head trauma? Yes No Did the patient show signs of confusion? Yes No
 All clinicians who initial are to sign signature log **Key** Medical Nursing Allied Health

Category	Initial	V
Within 15 minutes		
• Notify MO to conduct assessment		
Who was notified? _____ Date _____ Time _____		
• Organise specialist review as per local criteria		
Medical assessment		
• Date of assessment: _____ Time of assessment: _____		
• Do any of the following apply to the patient?		
<input type="checkbox"/> known coagulopathy <input type="checkbox"/> on anticoagulant / antiplatelet therapy		
<input type="checkbox"/> suspected head injury <input type="checkbox"/> fall from greater than 1 metre in height		
<input type="checkbox"/> recent surgery / procedure <input type="checkbox"/> other: _____		
If yes to any above: <input type="checkbox"/> check INR / APTT <input type="checkbox"/> order CT scan		
If CT scan unavailable: <input type="checkbox"/> phone neurosurgical service for advice or <input type="checkbox"/> phone RSQ (1300 799 127) or RFDS for transfer options. Document advice		
• Consider concealed haemorrhage		
• Consider pain management		
Investigations / observations		
<input type="checkbox"/> Suspected head injury or unwitnessed fall		
What: neuro obs, respiratory rate, O ₂ saturation, blood pressure, heart rate		
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<input type="checkbox"/> No head injury		
What: respiratory rate, O ₂ saturation, blood pressure, heart rate		
When: <input type="checkbox"/> hourly for 4 hours, if normal → <input type="checkbox"/> 2nd hourly for 6 hours, if normal → <input type="checkbox"/> 4th hourly for 8 hours, or observations as per medical order		
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Management plan		
• Notify next of kin of incident		
(within 24 hours)		
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• Review Falls Assessment and Management Plan		

Signature log (every person documenting in this pathway must supply sample of their initials in the signature log below)

Initial	Print name	Designation	Signature	Initial	Print name	Designation	Signature

4.00 - 08/2018
 Mat. No. 1026186
 SHY13

DO NOT WRITE IN THIS BINDING MARGIN

IN-PATIENT POST FALL CLINICAL PATHWAY

Page 1 of 2

- **Investigations/observations** guide the care plan for the patient over the next 8 hours, depending on the seriousness of the falls related injury.
- Investigations and observations are recommended for a suspected head injury, unwitnessed fall and for other injury such as concealed haemorrhage. These observation will be recorded in the patient observation chart.
- Observations documented on the early warning tool must be actioned and escalated as per the recommendations on the tool



Queensland Government In-patient Post Fall Clinical Pathway		(Affix identification label here) URN: Family name: Given name(s): Adult Address: Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I																																									
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IN-PATIENT POST FALL CLINICAL PATHWAY

- The Management Plan within 24 hours prompts the clinician to undertake actions as the result of the fall
- Clinical handover is an important action to complete following a fall to communicate for safety
- Clinicians documenting in the clinical pathway must supply their details and signature in the signature log

Thank you