### Clinical Excellence Division Creating solutions for better healthcare















#### 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 :
  - o consider related injury other than head injury
  - o adding prompts to consider surgery/biopsy/procedures
  - o include consideration of concealed haemorrhage and other injuries
  - o include consideration of appropriate medical imaging

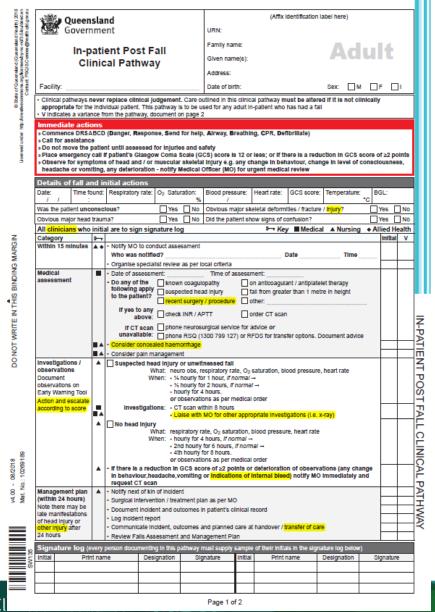


#### Results of the 2018 review

- 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



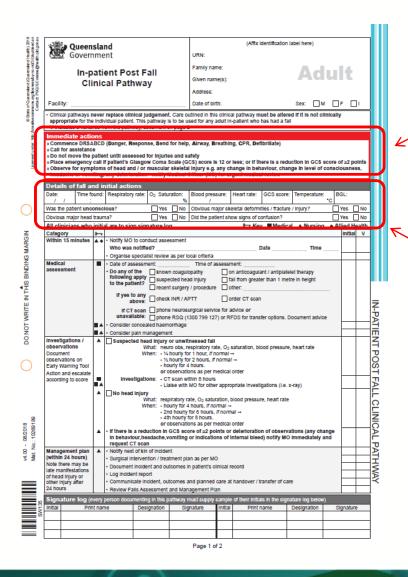
Addition	Rationale
'Injury' added to <b>Details of fall</b> and initial actions	Prompt to look for injury other than head
Clinician replaced care giver	More inclusive term
Recent surgery/procedure added to <b>Medical Assessment</b>	Prompt to consider other assessments and review surgical site if patient 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 <sup>nd</sup> edition of National Safety and Quality Health Service Standards

## Post Fall Clinical Pathway

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Immediate actions s 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 sco » Observe for symptoms of head and / or muscular skeletal injury e.g. any change in behaviour, change in level of cor													
headache or vomiting, any deterioration - notify Medical Officer (MO) for urgent medical review													
Details of t	fall and	initial acti	ons										
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- When a patient falls there must be an immediate and urgent response to ensure the clinical wellbeing of the patient.
- The Post Fall Clinical
   Pathway assists in the implementation of a consistent and thorough response to a fall

#### Completing a Post Fall Clinical Pathway



immediate response to a fall is highlighted in the red bordered box.

The recommended

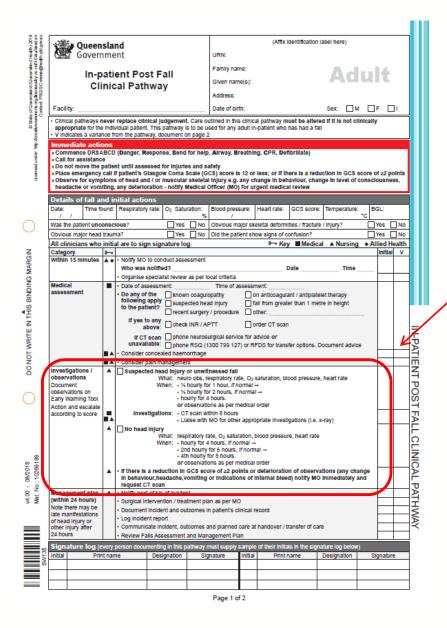
Details of the fall and the patient's vital signs are recorded on the PFCP and observation chart as soon as possible

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Page 1 of 2

 It is a recommendation that a medical officer is notified of the fall within 15 mins. It is important to record who was notified and at what time

 Medical Assessment is used to record the results of the assessment, initial diagnosis investigations, plan of care and recommendations



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

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<ul> <li>Clinical pathways new appropriate for the inc</li> </ul>	Cilinical pathways never replace clinical judgement. Care outlined in this clinical pathway must be aftered 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     Vindicates a variance from the pathway, document on page 2											
Immediate actions  Commence DRSABCD (Danger, Response, Send for help, Alrway, 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 for muscular skeletal injurys e, any change in behaviour, change in level of consciousness, headache or vomitting, any deterioration - notify Medical Officer (MO) for urgent medical review												
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	to the patient?   suspected head injury   fail from greater than 1 metre in height   to the patient?   recent surgery / procedure   other:											
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- 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