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 $\geq 2$ 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
Results of the 2018 review

- A review group was established from the statewide 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
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‘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 2nd edition of National Safety and Quality Health Service Standards
Post Fall Clinical Pathway

- 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

- 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 PFCCP and observation chart as soon as possible.
• 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.
- **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