Initial

Print name

Queensland	(Affix identification label here)			
Queensland Government	URN:			
In-patient Post Fall	Family name:	A duil4		
Clinical Pathway	Given name(s):	Adult		
omnour aunway	Address:			
Facility:	Date of hirth:	Sex: M F I		

- 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
- » 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

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Details of fall and in	_								
Date: Time found:	Res	spiratory rate:	O ₂ Saturation:	Blood pressure:	Heart rate:	GCS score:	Temperature:	BGL:	
/ / :			9/					°C	
Was the patient unconsc	ious?	?	Yes No	Obvious major sl	keletal deform	nities / fracture	/ injury?	Yes	☐ No
Obvious major head traur	na?		Yes No	Did the patient sh	now signs of	confusion?		Yes	No.
All clinicians who initia	al are	to sign sig	nature log		⁸ ─ ∗ Ke	y Medica	I ▲ Nursing	♦ Allied I	lealtl
Category	<u>8</u> —∗				0	<u> </u>		Ini	itial \
Within 15 minutes	A •		to conduct assess notified?	sment		Data	Times		
				s per local criteria		Date	Time		+
Medical assessment			•		ssessment:				-
Review Advance		• Do any of	sessment:	agulopathy			tiplatelet therapy	,	
Care Plan		the follow	ing suspected	head injury		•	1 metre in heigh		
		apply to the patient?	ne ·	gery / procedure		_	age (check Hb)		
		patients	existing in	jury / fracture	other:				
		If yes to a		R/APTT consid					
		of the abo	ve:	_	· _	_			
		CT scar	ווי –	uspected headstrike		clinically indic) mainta	
		If meets	CT	ology changes			JCS score of ≥2	points	
criteria and CT pnone neurosurgical service for advice or									
is unavailable phone RSQ (1300 799 127) or RFDS for transfer options. Document advice									
Investigations / observations	 •		• Suspected head injury or unwitnessed fall What: neuro obs, respiratory rate, O ₂ saturation, blood pressure, heart rate						
Document observations				$\frac{1}{2}$ hourly for 2		nourly for	Observation	is as	
on Early Warning Tool			normal →	if normal →		hours <i>OR</i>	per medical	3 1	
Action and escalate		Investigat	tions: • CT scan	if clinically indicated	d				+
according to score									
	A	• No head injury What: respiratory rate, O ₂ saturation, blood pressure, heart rate							
						t rate Ith hourly for	Oho		
			ourly for 4 hours, formal →	2nd hourly for if normal →	6 nours,	tin nourly for B hours <i>OR</i>	Observation per medical	1 1	
		• If there is	a reduction in G	CS score of >2 noi	i		servations		+
			If there is a reduction in GCS score of ≥2 points or deterioration of observations (any change in behaviour, headache, vomiting or indications of concealed haemorrhage)						
notify MO immediately and request CT scan					\perp				
Management plan actions within 24 hours		 Notify app 	ropriate patient co	ntact person within	1 hour (when	n practical) or a	as per local polic	СУ	\perp
 - consider surgical interventions, treatment • Surgical intervention / treatment plan as per MO - Document incident and outcomes in patient's clinical record 									
plan, transfer of care		Log incide	nt report						
Note: late manifestations of head injury or other		Communic	cate incident, outc	omes and planned	care at hando	over / transfer o	of care		
injury after 24 hours		Review Go	oals of Care, Falls	Assessment and M	lanagement F	Plan			
Signature log (every									

Initial

Print name

Designation

Signature

Signature

Designation



In-patient Post Fall Clinical Pathway

(Affix identification	label here)	
URN:		
Family name:	A	
Given name(s):	Adult	
Address:		
Date of hirth:	Sov: \(\bar{\text{M}} \) \(\bar{\text{F}} \) \(\bar{\text{L}} \)	

		Date of birth.	١.
Clini	cal ev	rents / variances	
Date		Document Clinical Events / Variance / Action / Outcome (include name, signature, date and staff category with all entries)	Initials
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