



Queensland Government

In-patient Post Fall Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Adult

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
- » 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:	O ₂ Saturation: %	Blood pressure: /	Heart rate:	GCS score:	Temperature: °C	BGL:
Was the patient unconscious ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Obvious major skeletal deformities / fracture / injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Obvious major head trauma?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Did the patient show signs of confusion?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

All clinicians who initial are to sign signature log

Category	Key	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? <table border="0"> <tr> <td><input type="checkbox"/> known coagulopathy</td> <td><input type="checkbox"/> on anticoagulant / antiplatelet therapy</td> </tr> <tr> <td><input type="checkbox"/> suspected head injury</td> <td><input type="checkbox"/> fall from greater than 1 metre in height</td> </tr> <tr> <td><input type="checkbox"/> recent surgery / procedure</td> <td><input type="checkbox"/> other:</td> </tr> </table> If yes to any above: <table border="0"> <tr> <td><input type="checkbox"/> check INR / APTT</td> <td><input type="checkbox"/> order CT scan</td> </tr> </table> If CT scan unavailable: <table border="0"> <tr> <td><input type="checkbox"/> phone neurosurgical service for advice or</td> <td></td> </tr> <tr> <td><input type="checkbox"/> phone RSQ (1300 799 127) or RFDS for transfer options. Document advice</td> <td></td> </tr> </table> Consider concealed haemorrhage Consider pain management 	<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:	<input type="checkbox"/> check INR / APTT	<input type="checkbox"/> order CT scan	<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 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:														
<input type="checkbox"/> check INR / APTT	<input type="checkbox"/> order CT scan														
<input type="checkbox"/> phone neurosurgical service for advice or															
<input type="checkbox"/> phone RSQ (1300 799 127) or RFDS for transfer options. Document advice															
Investigations / observations	▲														
Document observations on Early Warning Tool Action and escalate according to score	<ul style="list-style-type: none"> Suspected head injury or unwitnessed fall What: neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate When: <table border="1"> <tr> <td>¼ hourly for 1 hour, if normal →</td> <td>½ hourly for 2 hours, if normal →</td> <td>hourly for 4 hours OR</td> <td>Observations as per medical order</td> </tr> </table> Investigations: <ul style="list-style-type: none"> CT scan within 8 hours Liaise with MO for other appropriate investigations (i.e. x-ray) No head injury What: respiratory rate, O₂ saturation, blood pressure, heart rate When: <table border="1"> <tr> <td>hourly for 4 hours, if normal →</td> <td>2nd hourly for 6 hours, if normal →</td> <td>4th hourly for 8 hours OR</td> <td>Observations as per medical order</td> </tr> </table> 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 	¼ hourly for 1 hour, if normal →	½ hourly for 2 hours, if normal →	hourly for 4 hours OR	Observations as per medical order	hourly for 4 hours, if normal →	2nd hourly for 6 hours, if normal →	4th hourly for 8 hours OR	Observations as per medical order						
¼ hourly for 1 hour, if normal →	½ hourly for 2 hours, if normal →	hourly for 4 hours OR	Observations as per medical order												
hourly for 4 hours, if normal →	2nd hourly for 6 hours, if normal →	4th hourly for 8 hours OR	Observations as per medical order												
Management plan (within 24 hours) Note there may be late manifestations of head injury or other injury after 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

DO NOT WRITE IN THIS BINDING MARGIN

v5.00 - 05/2021
 WINC Code: 1NY31460



SW135

IN-PATIENT POST FALL CLINICAL PATHWAY



Queensland Government

In-patient Post Fall Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

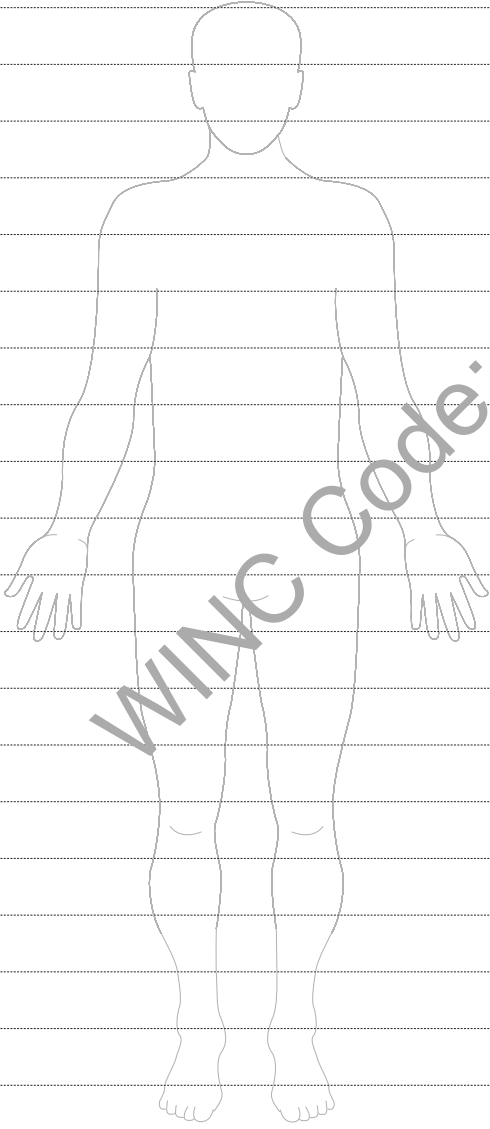
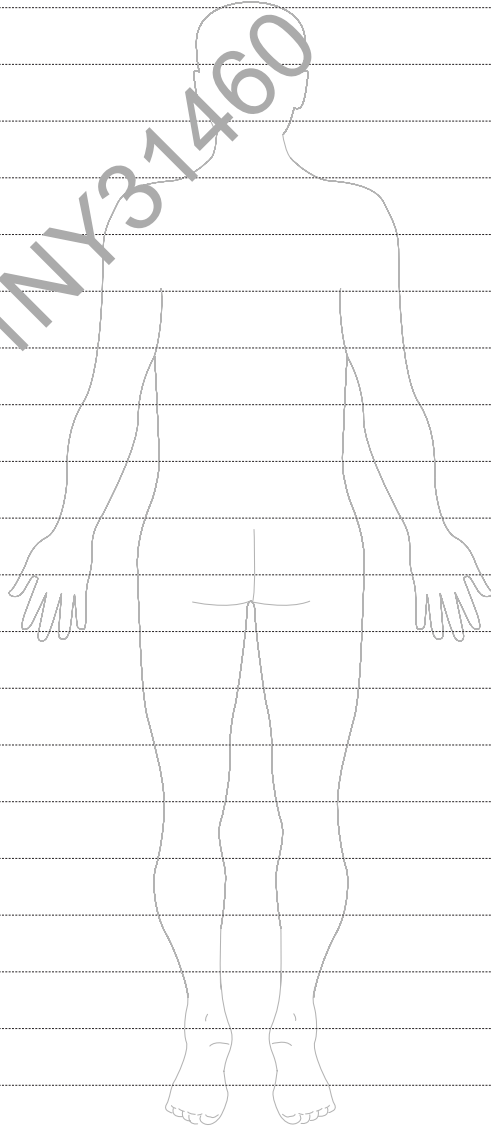
Address:

Date of birth:

Adult

Sex: M F I

Clinical events / variances

Date	Time	Document Clinical Events / Variance / Action / Outcome (include name, signature, date and staff category with all entries)	Initials
			
			
		<p>R FRONT L L BACK R</p>	

WINC Code: 1NY31460

DO NOT WRITE IN THIS BINDING MARGIN