In-patient Post Fall
Clinical Pathway

Facility: _______________________________

Date of assessment: ____________________  Time of assessment: _________________

• Notify MO to conduct assessment
• Organise specialist review as per local criteria

Medical assessment

• Do any of the following apply to the patient?
  □ known coagulopathy
  □ on anticoagulant / antiplatelet therapy
  □ suspected head injury
  □ fall from greater than 1 metre in height
  □ recent surgery / procedure
  □ other: _______________

  If yes to any above:
  □ check INR / APTT
  □ order CT scan

  If CT scan unavailable:
  □ phone neurosurgical service for advice or phone RSQ (1300 799 127) or RFDS for transfer options. Document advice

  □ Consider concealed haemorrhage

  □ Consider pain management

Investigations / observations

Document observations on Early Warning Tool
Action and escalate according to score

• Suspected head injury or unwitnessed fall
  What:  □ neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate
  When:  □ ½ hourly for 1 hour, if normal →
          □ ½ hourly for 2 hours, if normal →
          □ hourly for 4 hours, if normal →
          □ 2nd hourly for 6 hours, if normal →
          □ 4th hourly for 8 hours, if normal →
           □ or observations as per medical order

  □ 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:  □ hourly for 4 hours, if normal →
          □ 2nd hourly for 6 hours, if normal →
          □ 4th hourly for 8 hours, if normal →
           □ 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)

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: ___________________________
**Clinical events / variances**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Document</th>
<th>Clinical Events / Variance / Action / Outcome (include name, signature, date and staff category with all entries)</th>
<th>Initials</th>
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Adult

WINC Code: 1NY31460