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, indications of internal bleed, any deterioration - notify Medical Officer (MO) for urgent medical review

Patient Fall (witnessed or unwitnessed)

Within 15 minutes

• Document initial observations
  » respiratory rate, O₂ saturation, blood pressure, heart rate, GCS, temperature, Blood Glucose Level (BGL)

• Document the following:
  » consciousness
  » major head trauma
  » obvious major skeletal deformities / obvious fracture / injury
  » signs of confusion

• Notify MO to conduct assessment

• Document who was notified and when

• Arrange specialist review per local criteria

Medical assessment

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

Investigations / observations

Document observations on Early Warning Tool

Action and escalate according to score

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, OR
» observations as per medical order
» action and escalate according to score

Suspected head injury or unwitnessed fall

What:

» neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate

When:

» ¼ hourly for 1 hour, if normal
» ½ hourly for 2 hours, if normal
» hourly for 4 hours, OR
» observations as per medical order

Consider:

» Concealed haemorrhage

» Pain management

Investigations:

» CT Scan within 8 hours

» Liaise with MO for other appropriate investigations (i.e. x-ray)

Management plan (within 24 hours)

Note that 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

For illustration purposes only