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 3 or more 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

In-patient Post Fall Clinical Pathway

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
  » signs of confusion
- Notify MO to conduct assessment
- Document who was notified and when
- Organise specialist review per local criteria

Medical assessment

- Do any of the following apply to the patient?
  » known coagulopathy
  » on anticoagulant / antiplatelet therapy
  » age greater than 65 years
  » fall from greater than 1 metre height
  » suspected head injury

Investigations / observations

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

Suspected head injury or un witnessed fall

What:
  » neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate
When:
  » ¼ hourly for 1 hour, if normal →
  » ¼ hourly for 2 hours, if normal →
  » hourly for 4 hours.
  » or observations as per medical order

Investigations:
  » CT Scan within 8 hours

Management plan (within 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
- Review Falls Assessment and Management Plan

Patient Fall (witnessed or un witnessed)