



Queensland Government

## Residential Care Facility Post Fall Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

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 care recipient
- This pathway is to be used for any care recipient who has had a fall
- **V** indicates a variance from the pathway, document in clinical notes

### Immediate actions

- » Commence **DRSABCD (Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillate - if available) or as per local procedure**
- » **Call for assistance**
- » **Do not move the resident until assessed for injuries and safety**
- » **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 - call 000 where required and / or immediately verbally contact GP for advice**

### Details of fall and initial actions

Date: / /	Time found: :	Respiratory rate:	O <sub>2</sub> Saturation: %	Blood pressure: /	Heart rate:	GCS score:	Temperature: °C	BGL:
Was the resident <b>unconscious</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Obvious major skeletal deformities / fracture / injury? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Major head trauma? <input type="checkbox"/> Yes <input type="checkbox"/> No				Did the resident show signs of increased confusion? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### All care givers who initial are to sign signature log

Key  Medical  Nursing

Category	Key	Initial	V															
<b>Medical assessment</b> ▲ • Verbally contact the GP Who was notified? ..... Date ..... Time ..... ▲ • Verbally notify the GP if any of the following applies to the resident: <input type="checkbox"/> known coagulopathy <input type="checkbox"/> on anticoagulant / antiplatelet therapy <input type="checkbox"/> fall from greater than 1 metre in height <input type="checkbox"/> suspected head injury <input type="checkbox"/> recent surgery/procedure <input type="checkbox"/> other: .....	▲																	
	<b>Investigations / observations</b> Document in observation chart at the following intervals ■ • <b>Suspected head injury or unwitnessed fall</b> What: neuro obs, respiratory rate, O <sub>2</sub> saturation, blood pressure, heart rate, BGL (as per local policy) When: <table border="1"> <tr> <td colspan="2">Day 1</td> <td colspan="2">Day 2</td> </tr> <tr> <td>¼ hourly for 1 hour, if normal →</td> <td>½ hourly for 2 hours, if normal →</td> <td>hourly for 8 hours, if normal →</td> <td>2nd hourly for 6 hours, if normal →</td> </tr> <tr> <td></td> <td></td> <td>4th hourly for 8 hours, if normal →</td> <td>6th hourly for 24 hours</td> </tr> </table> or observations as per medical order • <b>No head injury</b> What: respiratory rate, O <sub>2</sub> saturation, blood pressure, heart rate, BGL (as per local policy) 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</td> </tr> </table> or observations as per medical order • <b>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) call 000 immediately and verbally contact GP immediately</b>	Day 1		Day 2		¼ hourly for 1 hour, if normal →	½ hourly for 2 hours, if normal →	hourly for 8 hours, if normal →	2nd hourly for 6 hours, if normal →			4th hourly for 8 hours, if normal →	6th hourly for 24 hours	hourly for 4 hours, if normal →	2nd hourly for 6 hours, if normal →	4th hourly for 8 hours	■	
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<b>Management plan (within 24 hours)</b> Note that there may be late manifestations of head injury or other injury after 24 hours ▲ • Notify family of incident as soon as possible (as agreed upon with family) • Surgical intervention / treatment plan as per GP order • Document incident and outcomes in care recipient'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

DO NOT WRITE IN THIS BINDING MARGIN

v3.00 - 10/2018



SW137

RESIDENTIAL CARE FACILITY POST FALL CLINICAL PATHWAY

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