### Residential Care Facility Post Fall Clinical Pathway

**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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time found:</th>
<th>Respiratory rate:</th>
<th>O₂ Saturation:</th>
<th>Blood pressure:</th>
<th>Heart rate:</th>
<th>GCS Score:</th>
<th>Temperature:</th>
<th>BGL:</th>
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**Was the resident unconscious?**
- Yes
- No

**Obvious major skeletal deformities / fracture / injury?**
- Yes
- No

**Major head trauma?**
- Yes
- No

**Did the resident show signs of increased confusion?**
- Yes
- No

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

#### Category
- **Key**
- **Medical**
- **Nursing**

**Initial**
- **V**

#### Medical assessment
- ▲ Verbally contact the GP
- Who was notified?

#### Investigations / observations
- ▲ Suspected head injury or unwitnessed fall
- What: neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate, BGL (as per local policy)
- When: Day 1
- ✔ hourly for 1 hour, ½ hourly for 2 hours, hourly for 8 hours, 2nd hourly for 6 hours, 4th hourly for 8 hours, 6th hourly for 24 hours
- or observation as per medical order

- ▲ No head injury
- What: respiratory rate, O₂ saturation, blood pressure, heart rate, BGL (as per local policy)
- When: hourly for 4 hours, 2nd hourly for 6 hours, 4th hourly for 8 hours
- 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) call 000 immediately and verbally contact GP immediately

### Management plan (within 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 |
|---------|------------|-------------|-----------|----------|
|         |            |             |           |          |
**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

**Residential Care Facility Post Fall Clinical Pathway**

Initial assessment

- 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

Medical assessment

- Verbally notify GP to conduct assessment
- Verbally notify GP if any of the following apply to the resident:
  - known coagulopathy
  - on anti-coagulant / anti-platelet therapy
  - fall from greater than 1 metre height
  - suspected head injury
  - recent surgery / procedure
- Document who was notified and when

Investigations / observations

No head injury

What:
- respiratory rate, O₂ saturation, blood pressure, heart rate, BGL (as per local policy)

When:
- hourly for 4 hours, if normal →
- ½ hourly for 6 hours, if normal →
- hourly for 8 hours.
- observations as per medical order

Suspected head injury or unwitnessed fall

What:
- neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate, BGL (as per local policy)

When - Day 1:
- ½ 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.
- observations as per medical order

When - Day 2:
- 6th hourly for 24 hours.
- observations as per medical order

Management plan (within 24 hours)

Note that there may be late manifestations of head injury after 24 hours

- Notify family of incident (as agreed upon with family)
- Surgical intervention / treatment plan as per GP order
- Document incident and outcomes in resident's clinical record
- Log incident report
- Communicate incident, outcomes and planned care at handover
- Review Falls Assessment and Management Plan