



Queensland  
Government

## Residential Care Facility/ Multipurpose Health Service 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 care recipient 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 care recipient unconscious?	<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 care recipient show signs of increased confusion?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the care recipient for hospital transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the care recipient have a documented Advance Health Directive?		<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Key: Medical Nursing

Category	Initial	V
Medical assessment		
Investigations / observations		
Management plan (within 24 hours)		

**DO NOT WRITE IN THIS BINDING MARGIN**

**RESIDENTIAL CARE FACILITY/MULTIPURPOSE HEALTH SERVICE POST FALL CLINICAL PATHWAY**

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