



**Queensland
Government**

**Sub-Acute Post-Fall
Clinical Pathway**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Adult

Sex: M F I

Facility:

- Clinical pathways **never replace clinical judgement**. Care outlined in this clinical pathway **must be altered in a sub-acute facility if it is not clinically appropriate** for the individual patient. This pathway is to be used for any adult in-patient who has had a fall
- **V** indicates a variance from the pathway, document on page 2

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, any deterioration) – notify Medical Officer (MO) for urgent medical review

Details of Fall and Initial Actions

Date: / /	Time found: :	Respiratory rate:	O ₂ Saturation: %	Blood pressure: /	Heart rate:	GCS score:	Temperature: °C	BGL:
Was the patient unconscious ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Obvious major skeletal deformities/fracture/injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Obvious major head trauma?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Did the patient show new signs of confusion?		<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 clinicians who initial are to sign signature log

Category	Key	Initial	V														
Within 15 minutes	<ul style="list-style-type: none"> • Notify: <input type="checkbox"/> Medical Officer <input type="checkbox"/> Virtual ED <input type="checkbox"/> Duty/Nurse Manager • Who was notified? Date: / / Time: : : • Organise specialist review as per local criteria 																
Clinical assessment	<ul style="list-style-type: none"> • Date of assessment: / / Time of assessment: : : • Do any of the following apply to the patient? <table border="0"> <tr> <td><input type="checkbox"/> known coagulopathy</td> <td><input type="checkbox"/> on anticoagulant/antiplatelet therapy</td> </tr> <tr> <td><input type="checkbox"/> suspected head injury</td> <td><input type="checkbox"/> fall from greater than 1 metre in height</td> </tr> <tr> <td><input type="checkbox"/> recent surgery/procedure</td> <td><input type="checkbox"/> concealed haemorrhage (check Hb)</td> </tr> <tr> <td><input type="checkbox"/> existing injury/fracture</td> <td><input type="checkbox"/> other:</td> </tr> </table> • If yes to any of the above: <table border="0"> <tr> <td><input type="checkbox"/> check INR/APTT</td> <td><input type="checkbox"/> consider pain management</td> </tr> <tr> <td><input type="checkbox"/> known/suspected headstrike</td> <td><input type="checkbox"/> clinically indicated <input type="checkbox"/> vomiting</td> </tr> <tr> <td><input type="checkbox"/> new neurology changes</td> <td><input type="checkbox"/> reduction in GCS score of ≥ 2 points</td> </tr> </table> • If meets CT criteria: <input type="checkbox"/> phone QAS for transport to acute facility 	<input type="checkbox"/> known coagulopathy	<input type="checkbox"/> on anticoagulant/antiplatelet therapy	<input type="checkbox"/> suspected head injury	<input type="checkbox"/> fall from greater than 1 metre in height	<input type="checkbox"/> recent surgery/procedure	<input type="checkbox"/> concealed haemorrhage (check Hb)	<input type="checkbox"/> existing injury/fracture	<input type="checkbox"/> other:	<input type="checkbox"/> check INR/APTT	<input type="checkbox"/> consider pain management	<input type="checkbox"/> known/suspected headstrike	<input type="checkbox"/> clinically indicated <input type="checkbox"/> vomiting	<input type="checkbox"/> new neurology changes	<input type="checkbox"/> reduction in GCS score of ≥ 2 points		
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Investigations/ observations Document observations on Early Warning Tool Action and escalate according to score	<ul style="list-style-type: none"> • Suspected head injury or unwitnessed fall What: neuro obs, respiratory rate, O₂ saturation, blood pressure, heart rate, BGL (as per local policy) When: <table border="1"> <tr> <th colspan="2">Day 1</th> <th>Day 2</th> </tr> <tr> <td>½ hourly for 2 hours, if normal →</td> <td>hourly for 4 hours, if normal →</td> <td>4th hourly for 24 hours</td> </tr> <tr> <td>2nd hourly for 4 hours, if normal →</td> <td>4th hourly for 14 hours, if normal →</td> <td></td> </tr> </table> OR observation as per medical order • Investigations: <ul style="list-style-type: none"> • CT scan if clinically indicated • Liaise with MO for other appropriate investigations (i.e. x-ray) • No head injury What: respiratory rate, O₂ saturation, blood pressure, heart rate 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 OR</td> <td>Observations as per medical order</td> </tr> </table> • If there is a reduction in GCS score of ≥ 2 points or deterioration of observations (any change in behaviour, headache, vomiting or indications of concealed haemorrhage) notify MO immediately and request CT scan • For out of hours escalation, follow local processes 	Day 1		Day 2	½ hourly for 2 hours, if normal →	hourly for 4 hours, if normal →	4th hourly for 24 hours	2nd hourly for 4 hours, if normal →	4th hourly for 14 hours, if normal →		hourly for 4 hours, if normal →	2nd hourly for 6 hours, if normal →	4th hourly for 8 hours OR	Observations as per medical order			
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Management plan (within 24 hours) – consider surgical interventions, treatment plan, transfer of care Note that there may be late manifestations of head injury or other injury after 24 hours	<ul style="list-style-type: none"> • Notify appropriate patient contact person within 1 hour (when practical) or as per local policy • Surgical intervention/treatment plan as per MO • Document incident and outcomes in patient's clinical record • Log incident report, including specific location of fall • Communicate incident, outcomes and planned care at handover/transfer of care • Review Goals of Care, Falls Assessment and Management Plan 																

Signature Log (Every person documenting in this pathway **must** supply sample of their initials in the signature log below)

Initials	Print name	Designation	Signature	Initials	Print name	Designation	Signature

DO NOT WRITE IN THIS BINDING MARGIN

v2.00 - 04/2026
WINC Code:



SW1248

SUB-ACUTE POST-FALL CLINICAL PATHWAY

