Post Fall / Found On Floor

This patient had a fall / found on the floor on:

Date: ..... **Time:** .....

Nursing Checklist (tick all completed)

- Reassess moving and handling ☐
- Reassess Falls Care Plan ☐

Informed:

- Doctor ☐
- Family / Carer / NoK ☐

Location Of Fall

.....

Datix No: .....

Completed By

Sign .....
Print .....

Doctor's Checklist

History - Tick and document in notes

- ☐ Time + Circumstances of fall
- ☐ Witnessed? Collateral history
- ☐ Palpitations / SOB / chest pain
- ☐ Relevant medical history

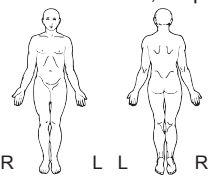
Loss of consciousness?	y ☐	n ☐
Recurrent faller	y ☐	n ☐
On any Anticoagulation?	y ☐	n ☐
Balance + / or gait impairment	y ☐	n ☐

Examination - Tick and document in notes

- Obs (incl BM + GCS) ☐
- Other relevant systems ☐
- Cardiovascular exam ☐
- Neurological exam ☐
- Likely cause of fall ☐

Injury Sustained

Include head, c-spine, hips, wrists



Mark image with an **X** as appropriate

No inury ☐

Start neuro obs if head injury risk or unwitnessed fall

Investigations requested (please tick)

- ☐ ECG
- ☐ X-ray
- ☐ Other
- ☐ Lying/ standing BP
- ☐ Pain Management plan
- ☐ Clotting screen required?

Prevention

- ☐ Assess AMT Score
- ☐ Consider bone protection
- ☐ Assess for delirium
- ☐ Review meds
- ☐ Other

Completed by

Sign .....
Print .....

Give a summary of the incident and any action taken to the right of this sticker