This patient had a fall / was found on the floor on:
Date __/__/____ Time __/__

Nursing Checklist

(tick all completed)

Reassess moving and handling plan ☐
Reassess falls care plan ☐
Responsible doctor informed ☐
Family/carer/next of kin informed ☐

Location of fall:

DATIX reference:

Completed by: sign: print:

Doctor's checklist

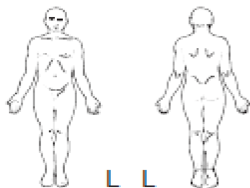
History – Tick and document in notes

☐	Time & circumstances of fall	☐	Witnessed? collateral history
☐	Palpitations,SOB,chest pain	☐	Relevant medical history
☐	Loss of consciousness?	☐	Recurrent faller?

Examination – tick and document in the notes

Observation (include a BM and GCS)	y	☐	n	☐
Other relevant systems	y	☐	n	☐
Cardiovascular exam	y	☐	n	☐
Neurological exam	y	☐	n	☐
Likely cause of fall	y	☐	n	☐

Injury sustained?



Mark image with x indicating injury site
Include head, c-spine, hips and wrists

Start neuro obs as per protocol if head injury risk or unwitnessed fall ☐

No injury ☐

High risk of intracranial bleeding?

Is the patient on anticoagulant therapy	y	☐	n	☐
Any bleeding or clotting disorders?	y	☐	n	☐

If yes to any of the above and head injury:
- CT head should be completed within 8 hours of the head injury
- Discuss with ST3 or above and review ongoing need for anticoagulation

Investigations requested (please tick)

☐	ECG	☐	L/S BP
☐	X-RAY	☐	Clotting screen
☐	Pain management plan	☐	CT head

Prevention of falls

☐	Assess 4AT score	☐	Review meds
☐	Visual assessment	☐	Request physio review

Completed by: sign: print: