

POST-FALL FLOW CHART FOR NURSE ACTIONS

Is the patient stable?

Assess ABCDE

NO

Call 2222 or 3333

YES

Check BEFORE moving off floor: Are there any signs or symptoms of injury?

Spinal injury

e.g. struck spine or neck, pins & needles, tingling, numbness, weakness, back or neck pain, loss of sensation

HOLD PATIENT STILL

Fracture injury

e.g. limb or hip pain, limb deformity loss of sensation, numbness, weakness

Head injury

e.g. struck head or face, lumps, grazes or lacerations on scalp or face, black eye, nosebleed, vomiting, reduced consciousness or new confusion. NB head injury may mask spinal injury

Any other significant injury

e.g. haemorrhage, large skin tears or lacerations. Is the patient on anticoagulant therapy?

Only minor injury

e.g. graze, bruises

No signs of injury

Call a doctor immediately & consider pain relief

(but be aware pain relief may mask symptoms of fracture)

IMMOBILISE SPINE AND/OR LIMB AND USE FLAT-LIFTING EQUIPMENT ONLY- i.e. SCOOP/SPINAL BOARD

Retrieve patient from floor using appropriate manual handling methods.

Are there EITHER signs of head injury as above OR was there no reliable witness to the fall?

Contact doctor, request medical review within 4 hours from time of fall. Nurse to re review patient hourly until medical assessment completed

YES, there are indications of head injury

There are no indications of head injury, but there was NO RELIABLE WITNESS to the fall

There is a reliable witness to the fall who can confirm the patient DID NOT strike their head

Take and act on neurological observations. Refer to Neuro obs chart for guidance on frequency of obs.(as per NPSA guidance)

**Consider how best to prevent the patient falling again (refer to local Fall Prevention Policy)
Review manual handling & falls careplan.
Report the fall on Datix. Inform relatives if appropriate**

Guidance for Using DATIX incident Reporting Systems to Record Falls

All falls in hospital MUST be recorded on DATIX using the online submission system. In order to provide good quality information to prevent future falls, try to ensure that the record on DATIX is accurate and complete.

Location	Where the fall happened.
Activity	What was the patient doing at the time e.g. getting out of bed etc Please detail the care and treatment given to make the patient safe.
Mechanism	If the fall was witnessed, describe what happened. When the patient has struck their head or has had an unwitnessed fall: perform 1/2 hrly neuro observations for 2 hours followed by 1hrly for 4 hrs, and 2 hrly thereafter for 24 hours. Seek medical advice if GCS below 15 at any time and revert to ½ hrly neuro obs and follow original schedule.
Patient characteristics	Record any medical or functional problems which have contributed to the fall e.g. dementia, confusion, poor sight, inappropriate footwear, orthostatic hypotension (BP drops on standing up). Please give details of the observations performed and rationale for neuro/normal obs being performed and frequency.
Equipment	Was the patient using walking aids, were these appropriate? Was sensor equipment in place?
Time	Record the actual time of the fall. Record whether efforts have been made to contact the patients' next of kin, whether successful contact was made or if inappropriate
Environment	Record any external factors which have contributed to the fall such as, the light not working, a wet floor, clutter other trip hazards etc.
Rails	Were bed rails in use?